



WASHINGTON, D.C

A city your child has read about and seen in pictures from the time they entered school. However, no written word or picture can have the learning potential of actually visiting this historic city.

Dear Roosevelt Students and Parents:

I will be offering a trip to Washington, D.C. for the upcoming eighth grade students. Classic Tours of Auburn will be making the arrangements for us. This is school-sponsored and all school rules and regulations apply during the trip. The trip will be chaperoned by teachers and other adults as needed. In order to participate you must be passing all classes and you will be disqualified from participating if you have an in-school suspension or violate the code of conduct for extracurricular activities.

We will depart from Roosevelt Middle School the evening of Friday, August 30, via motor coach. We will arrive in Washington the following morning and begin our tour of the city. We will check into our hotel in the DC area that evening. We will leave Washington the afternoon of Monday, September 2, and arrive back at Roosevelt Middle School around 1:00 am.

Our meals will be at large food courts(\$15 allowance) and buffet style restaurants. All meals are included.

The student cost is \$870.00 per student and includes transportation, accommodations for two nights (quad occupancy), nine meals, sightseeing and admissions, evening activities and accident insurance (\$2500.00). Adult prices are as follows: quad occupancy: \$876.00; triple occupancy: \$906.00; double occupancy: \$955.00; single occupancy: \$1,144.00. **Requested occupancy is not guaranteed and depends on the number of adults registered.** These prices are based on a minimum of 35 participants per motor coach. If the number signed up for the trip falls below the minimum, an adjustment will have to be made in the trip cost or in the trip itself.

Highlights of our trip will include a tour of the Capitol building; a night tour of the memorials; visits to Arlington National Cemetery and Mount Vernon in Virginia; time in the Smithsonian Institute museum complex and much more.

I am confident that a visit to Washington, D.C. will provide a unique learning experience, as well as a valuable insight into our nation's history and government. If you have questions not answered by this letter please feel free to contact me at school.

To make reservations, complete the bottom of this form, detach and mail in the envelope provided with your \$250.00 deposit to Classic Tours, Inc., 3714 County Road 40A, Auburn, IN 46706. Please make all checks payable to Classic Tours, Inc.

Deadline for receipt of deposit is **APRIL 30, 2024**. Payments may be made at any time with the final payment due **JULY 18, 2024**.

I recommend that you make reservations as soon as possible. **THE NUMBER OF RESERVATIONS ACCEPTED IS LIMITED BY BUS SIZE AND WILL BE BASED ON THE DATE DEPOSITS ARE RECEIVED. RESERVATION PRIORITY IS FOR STUDENTS. ADULTS MAY BE PLACED ON A WAITLIST.**

Sincerely,

Mrs. Holst

(detach)

Please print

ROOSEVELT - WASHINGTON, D.C. – 2024

Please check Student Adult (Adults only: requested occupancy – Quad Triple Double Single Requested occupancy is not guaranteed).
Securing roommates is your responsibility

Name _____ and notification to Mrs. Holst or Classic Tours is required

Address _____ City _____ State _____ Zip _____

Parent's/Guardian's name _____

Email(trip use only) _____ Phone () _____

I have read and understand the paragraphs in regard to Classic Tours, Inc. responsibility, cancellation policy and returned check fee located on reverse.

Parent/Guardian/Adult participant signature

RETURN THIS FORM ALONG WITH YOUR CHECK OR MONEY ORDER TO CLASSIC TOURS

PLEASE SEE REVERSE FOR CREDIT CARD PAYMENT

Classic Tours, Inc. of Auburn, Indiana, the Tour Operator, its agents or employees, act as agents for passengers in all matters pertaining to transportation, admissions, hotel accommodations, meal arrangements, and sightseeing. Therefore, as agents they accept no responsibility in whole or in part for any delays, change of schedule or condition caused thereby, loss of or damage to baggage or any article belonging to the passenger, injuries to person or for any expenses of any kind or nature arising from any type of service booked through Classic Tours, Inc. The Tour Operator retains the right to cancel any trip without notice and in the event of unavailability to substitute hotels in similar categories.



A billing statement will be sent to each tour participant prior to departure. It will include notice of any balance due; name, address and telephone number of the hotel; general information covering luggage and dress; information regarding roommate selection; and a health information form and student responsibility agreement. Payments may be made at any time. Please include the students name and school name with any correspondence. There is a \$15.00 return check fee.

CANCELLATION POLICY

If you find it necessary to cancel a reservation you need to notify BOTH Classic Tours, Inc. and the school. Although you may cancel by calling Classic Tours, Inc., a refund will be made only after written notice of cancellation has been received. Receipt of deposit and/or reservation form initiates the cancellation policy schedule.

SCHEDULE:

1. Until reservation and deposit due date - Lose nothing; full refund
2. From deposit due date until 30 days prior to departure - Lose \$50 + any non-recoverable amounts.
3. 30 days or less prior to departure - Lose \$100 + any non-recoverable amounts.

(Non-recoverable amounts may include but are not limited to: hotel costs, admission tickets and meal costs)

THE ABOVE SCHEDULE APPLIES TO INDIVIDUAL CANCELLATIONS MADE BY PARENTS/GUARDIAN, TRIP SPONSOR OR SCHOOL AND GROUP CANCELLATIONS MADE BY CLASSIC TOURS, THE TRIP SPONSOR OR SCHOOL. THIS POLICY APPLIES TO TRIP POSTPONMENT OR CANCELLATION DUE TO ACTS OF GOD OR CIRCUMSTANCES BEYOND THE CONTROL OF THE TRIP SPONSOR, SCHOOL, OR CLASSIC TOURS.

For online registration please visit our website www.ClassicToursInc.com and click on "Find Your School".

TO PAY BY CREDIT CARD PLEASE FILL OUT THE INFORMATION BELOW

Please print

Name _____
AS IT APPEARS ON CARD

Billing address _____

City _____ State _____ Zip _____

Card type: Visa Mastercard Discover

Card number |__|_|_|_|_| - |__|_|_|_|_| - |__|_|_|_|_| - |__|_|_|_|_|

Security code |__|_|_|
Located on reverse

Expiration date |__|_| / |__|_|
m m y y

Amount to charge |__|_|_|_|_|_|_|_|_| |__|_|_|_|_|_|_|_|_| Signature _____