

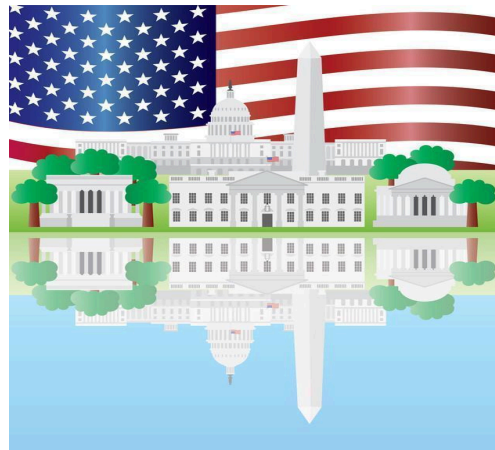
CLASSIC STUDENT TOURS

75 RHOADS CENTER DRIVE · CENTERVILLE, OHIO 45458 · (937) 439-0032 · FAX (937) 439-0041

WASHINGTON, D.C. / GETTYSBURG

PLACES WE WILL SEE:

- U.S. CAPITOL
- WHITE HOUSE (pictures only)
- MOUNT VERNON
- LINCOLN MEMORIAL
- ARLINGTON CEMETERY
- TOMB OF THE UNKNOWN
- AMERICAN HISTORY MUSEUM
- GETTYSBURG BATTLEFIELD TOUR
- JEFFERSON, MLK, & FDR MEMORIALS
- WWII, KOREAN, & VIETNAM MEMORIALS
- AIR FORCE & PENTAGON MEMORIALS



EDUCATIONAL TRAVEL PACKAGE INCLUDES:

- DELUXE MOTOR COACH TRANSPORTATION
- THREE NIGHTS DELUXE HOTEL ACCOMMODATIONS
- ELEVEN MEALS
- ALL ADMISSIONS, TAXES, GRATUITIES (as per itinerary)
- SCHOOL STAFF CHAPERONES
- ACCIDENT TRAVEL INSURANCE
- LOCAL GUIDE (one day)
- SERVICES OF A PROFESSIONAL TOUR MANAGER
- NIGHT SUPERVISION

DEPART

Tuesday – 6:00 a.m.
April 29, 2025

RETURN

Friday – 10:00 p.m.
May 2, 2025

Cut on the line and return to **Classic Student Tours** with your **\$275.00 deposit by September 27, 2024**. To make a payment online, visit www.classicstudenttours.com or call (937)439-0032 and have credit card information ready. Make all checks payable to **Classic Student Tours** and be sure to write the school and student's name on the check to ensure proper credit. Please fill out checks with black ink only. Email completed permission form to info@classicstudenttours.com. Permission forms and checks can also be mailed to our office address at the top of this letter.

PLEASE FILL IN FORM COMPLETELY AND PRINT CLEARLY
PARENTAL PERMISSION FORM

ALL INFORMATION IS REQUIRED FOR TRIP
LEBANON CHRISTIAN SCHOOL - SPRING 2025

STUDENT SIGNATURE _____
(I agree to abide by the policies of Classic Student Tours and the Chaperones!)

STUDENT NAME (*print*) _____

My son/daughter has my permission to participate on the Washington, D.C. / Gettysburg Educational Travel Program. I agree that Classic Student Tours, the School District, their employees and/or chaperones are not liable for accidents, injury, loss of property, damages, etc. in any form. In the event of a claim Classic Student Tours liability shall be limited to the amount paid by the client for the tour package. I further agree to be personally and financially responsible for any damage caused by my son/daughter to the motor coach, hotel property, other premises we visit on tour, etc.

Refund Policy: All money will be fully refunded if Classic Student Tours terminates the tour for any reason, except for default of payment. A student/paying participant canceled from the tour for any reason will be charged a minimum of seventy-five dollars (\$75.00) against monies paid toward that trip. In addition, any non-refundable deposits/payments made by Classic Student Tours for trip costs will also be deducted from any payments made. Checks not honored by client's bank due to insufficient funds, closed accounts, etc. will incur a \$25.00 bank and processing fee. A \$25.00 cancellation processing fee will be charged per participant if the group cancels the tour.

PARENT SIGNATURE _____ PHONE _____
(Agreement and Acceptance of Above Terms) (w/ Area Code)

PARENT NAME (*print*) _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ *(Used for communication purposes only.)*