



We are delighted that you have chosen to travel with First Choice Tours for your upcoming trip. First Choice Tours, Inc., provides its clients with the maximum amount of liability, errors and omissions insurance policy.

In order for First Choice Tours to be in compliance with our insurance carrier and to provide you with this coverage, our insurance carrier requires us to collect and retain for a period of seven years, the following:

Each student traveling on the tour must have a signed **Permission to Travel & Medical Release Form** as attached. This form must be submitted to **First Choice Tours** two (2) weeks prior to the tour departure date. Because this has been mandated by our insurance carrier, without this signed form, a student will not be allowed to participate in the contracted tour.

If you have any questions, please call First Choice Tours at 800-730-9091.

Sincerely,

Maria Manouvelos-Baker

Maria Manouvelos-Baker
President

110 North Hillside Road
South Deerfield, MA 01373
413-665-9090 or 800-730-9091
maria@fctours.com or peggy@fctours.com
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Smith Academy - WASHINGTON, D.C.

Day 1 – Friday, May 18, 2018

6:30 am (1) Travel Kuz coach will AR at Smith Academy, located
School Street in Hatfield, MA
Lead Chaperone: Berrios, Andrew Cell phone: (267) 474-3661

7:00 am Depart for Philadelphia...

12:15 pm AR Philadelphia, PA.

1st Stop – Reading Terminal Market located 12th and Arch Street for lunch on own...

1:30-4:00 pm Meet step-on-guide at Independence Transportation Center, Race Street before 5th Street...
Walking tour of Historic Philadelphia including the Liberty Bell, Independence Hall, Congress Hall, Franklin Court, the Betsy Ross house, Christ Church and as many other sites time and crowds permit.
Guide: TBD

4:00 pm Depart for Maryland with a dinner stop at Bubba Gump Shrimp Co., 301 Light Street, Baltimore, MD

6:30 pm Bubba Gump Shrimp Company in Baltimore ...

Lead Teacher to call our office with meal choices (800-730-9091) or get meal choices 1 week prior to departure...

Lt. Dan's Menu

House Salad w/Garlic Bread for everyone...

Choose from the following:

Mama Blue's Southern Charmed Fried Shrimp w/cole slaw and ff...

Sweet Home BBQ Cheeseburger topped with frizzled onions and ff...

Accidental Fish broiled over jasmine rice in a lemon butter sauce topped with roma tomatoes...

Captain's Fish and Chips...

Chicken Scampi Pasta (Grilled Chicken over a bed of linguine topped with lemon garlic butter sauce and capers...

Chef's choice of dessert...

8:30 pm Approximate time of arrival at Westin Hotel located 7801 Leesburg Pike, Falls Church, VA - 703-893-1340

11-6:30 am Security at the hotel each evening...

Guard's name: TBD For all 3 nights.

Day 2 – Saturday, May 19, 2018

7-8:00 am Breakfast included

8:15 am Depart for D.C.

9:00 am Stop at FDR and Martin Luther King, Jr. Monuments...

10-5:00 pm Smithsonian of Choice...

5:15 pm Board coach and depart for Nationals Park

7:05 pm Gametime...

Tickets for game and \$20.00 dinner voucher in the package provided by FCT...

Depart for hotel after the 9th Inning even if the game goes into extra innings...

11-6:30 am Security at the hotel provided...

Day 3 – Sunday, May 20, 2018

7:00 am-8:00 am Breakfast included

Depart after breakfast for Mt. Vernon...

9-12:00 pm Group will visit Mt. Vernon Estate – Home of George Washington...

_____ Mansion Tour

Lead Chaperone will go to the group check-in window and present the confirmation. They will give you tickets and stickers for the chaperones. Chaperones are to wear these stickers so that they're visible.

Lunch on own at Mt. Vernon Cafeteria prior to departure...

1:30 pm-4:30 pm Meet professional guide at the Ronald Reagan Building on 14th Street between Constitution Avenue & Pennsylvania Avenue for a Guided Tour of the Memorials and Monuments...

Guide is _____ TBD

4:30-6:00 pm Tour ends and dinner is included at Pinstripes in Georgetown...

The Duo Menu: (We will let you know if this menu changes)

Served family style: Main Course is replenishable...

Chicken Parmesan, Fettuccini Alfredo...

Caesar Salad, Ghirardelli Triple Chocolate Brownies & Housemade cookies...

Coffee, hot or iced tea and soda...

6:30 pm AR at Kennedy Center Theatre for the performing arts...

7-9:00 pm Shear Madness...

11-6:30 am Security at the hotel...

Day 4 Monday, May 21, 2018

7:00 am Everyone will bring their bags to the coach...

7:00-8:00 am Breakfast included

9:00 -11:00 am Tourmobile at Arlington National Cemetery...

11:15 am Board coach and depart for the Newseum, 555 Pennsylvania Avenue, N.W., Washington, DC, (202)-292-6316...

11:45-1:45 pm Newseum visit...

Cafeteria located inside the Newseum for lunch on own...

1:45 pm Depart for home...

Rest stop and meal stops will be made...

Chaperones and drivers will discuss where and when...

10:30 pm Approximate time of arrival back to school...

“Always give the customer more than they expect.”
Specializing in Student Group Travel in North America and Canada.
110 North Hillside Road, Suite 12
South Deerfield, Massachusetts 01373
Ph. (413) 665-9090 or (800) 730-9091 Fax. (413) 665-0022





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PERMISSION TO TRAVEL

I GIVE MY PERMISSION for my Son/Daughter to participate in the educational field trip as enrolled on this form:

Name of Parent / Guardian (Please Print)

Name of Student

Signature of Parent / Guardian

Smith Academy
Name of School

Washington, DC
Destination of Educational Trip

5/18/2018 5/21/2018
Departure Date Return Date

Student Agreement to Terms of Enrollment

FIRST CHOICE TOURS, INC. includes the following on all tours: All transportation for the group, all attractions listed on the itinerary, hotel lodging (quad occupancy is four students sharing a room with TWO double beds, double occupancy is two students per room), private security (at all hotels – generally between the hours of 11:00 PM and 6:00 AM). Meals: breakfast daily and most dinners. Lunch is usually at the student's expense unless noted on the itinerary. With all included meals, the tax and gratuity is also included. FIRST CHOICE TOURS DOES NOT include personal expenses or cancellation insurance. We offer trip insurance to be purchased separately on all of our tours. Should you decide not to take the cancellation insurance, you would be responsible for any items that are non refundable, plus your share of the room costs. We reserve the right to retain and send home any participant whose behavior is unbecoming or injurious to the group's welfare, or affects the rights or enjoyment of other passengers. Parent or Guardian, along with the School Administration, will be contacted immediately to discuss the situation. NO REFUND will be given in this case. Underage tour participants must strictly adhere to our NO DRUGS and NO ALCOHOL policy. We reserve the right to retain and send home any participant who is found or suspected to be in possession of or under the influence of alcohol or illegal drugs. NO REFUND will be given in this case. First Choice Tours, and their representatives and agents, act only as intermediaries between travel program participants and transportation companies, hotels and other public service organizations, and disclaim any liability for delays, losses, or accidents incurred by said persons or operators to either passengers or baggage from whatsoever cause. First Choice Tours reserves the right to make alterations in the itinerary if necessary, and to substitute services of comparable value should the situation warrant. Any portion of the planned itinerary that is missed is non refundable. I have read and agree to the above stated terms of my enrollment in this tour.

Name of Student (Please Print)

Signature of Student

Date

MEDICAL RELEASE

My signature acknowledges that I grant permission for any medical doctor, dentist, staff or agent of First Choice Tours to act on my behalf and take those measures deemed reasonable and necessary in the event of sickness or injury during the duration of the trip. I further certify that I am covered by insurance for any medical or hospital expenses resulting from accidental injuries and sickness and agree to pay for any medical and/or dental costs, expenses or charges. I understand that all participants are expected to observe the School Rules.

Name of Student (Please Print)

Signature of Student

Date

Name of Parent / Guardian (Please Print)

Signature of Parent / Guardian

Date

Name of Medical Insurance Provider

Policy Number

HATFIELD PUBLIC SCHOOLS FIELD TRIP PERMISSION FORM

I hereby give permission for my child, _____, to participate in the following field trip:

Destination: Annual D.C. Trip City & State: Washington, D.C.

Date: 5/18/2018 -5/21/2018 Time Leaving: 7 am Time Returning: 10 pm

The method of transportation for this field trip will be:

Chartered Vehicle _____ Rented Vehicle _____ Private Vehicle *(If Private vehicle, please identify if **student** or **faculty** member)

_____ Faculty _____ Student

Signature of Parent/Guardian

Date

GENERAL INFORMATION:

Field Trip Permission

I/we understand that participation in this field trip (the "Field Trip") is voluntary. By signing this form, I/we do hereby consent to the above student's (the "Student") participation in the Field Trip. I/we release the Hatfield Public Schools (HPS) and its employees, agents, volunteers/chaperones from any and all claims, damages, injuries or losses of any kind that I/we or the Student may have or acquire in connection with the Student's participation in the Field Trip, except for those resulting from gross negligence or wanton and/or willful conduct.

The Student and I/we understand and agree that while on this Field Trip, the Student is required to comply with all relevant school policies and rules and any standards of behavior or instructions that Hatfield's employees, agents, volunteers/chaperones may reasonably establish. I/we understand that HPS reserves the right to cancel or alter in any manner the Field Trip at its discretion.

Authorization for Emergency Medical Treatment

I/we hereby authorize HPS, through its employees, agents, volunteers/chaperones, to act on my/our behalf in authorizing and consenting to emergency medical care, dental care, and/or hospital care for the Student if he/she becomes ill or is injured while participating in the Field Trip.

I/we release HPS and its employees, agents, volunteers/chaperones from any and all claims of any nature whatsoever that either I/we or the Student may have or acquire as a result of the decision to provide emergency medical treatment during the Field Trip.

Medical and Emergency Contact Information

Please note any medical condition (s) (*i.e.*, diabetes, migraines, seizures, allergies, reactions to bee stings) or required medications below. If there are no such medical conditions, indicate by checking "NONE."

None _____ if yes, condition/medication _____

*If a private vehicle being driven by a parent, teacher, or volunteer is being used to transport your child, the insurance coverage on that vehicle is the primary coverage and NOT the Town of Hatfield's insurance coverage. If a rented vehicle or chartered vehicle is being used, the company's insurance is again the prime coverage. All volunteer drivers and chaperones will be at least 21 years of age or older. The School District will conduct a "Criminal Offender Record Information" (CORI) report on all drivers/chaperones. The Hatfield Public School District does not carry any medical insurance for its students.