

PERMISSION/PAYMENT/REFUND POLICY ACCEPTANCE FORM

(Student) _____ has my permission to participate in this activity

I have read the tour flyer and understand/accept all refund policies. My signature below confirms this statement.

(Parent/Guardian) _____ Date: _____

PARENT EMAIL ADDRESS: _____

SCHOOL: Perry Edison 8th DC Tour May 21-22-23, 2025

AMOUNT: \$150.00 Non-Refundable Deposit Due October 10-11, 2024

1. In School: During Lunch periods * Checks payable to Traveling Classrooms
 - Check # _____ Cash _____
2. Credit Card: Wetravel App. (Traveling Classrooms Website)* Follow prompts for Perry
3. US Mail: Traveling Classrooms PO Box 35926 Canton, Ohio 44735

2nd PAYMENT FORM

- Only return if using In-School or US Mail Payment Methods

SCHOOL: Perry Edison 8th DC Tour May 21-22-23, 2025

STUDENT NAME: _____

AMOUNT: \$150.00 Refundable Payment Due February 6-7, 2025

1. In School During Lunch Periods* Checks payable to Traveling Classrooms
 - Check # _____ Cash: _____
2. Credit Card: Wetravel App. (Traveling Classrooms Website) * Follow prompts to Perry
3. US Mail: Traveling Classrooms PO Box 35926 Canton, Ohio 44735

BALANCE FORM

- Only return if using In-School or US Mail Payment Methods

SCHOOL: Perry Edison DC Tour May 21-22-23, 2025

STUDENT NAME: _____

AMOUNT: \$175.00/\$190.00/\$205.00 Refundable Payment Due April 3-4, 2025

1. In School During Lunch Periods * Checks payable to Traveling Classrooms
 - Check # _____ Cash: _____
2. Credit Card: Wetravel App (Traveling Classrooms Website) * Follow prompts to Perry
3. US Mail: Traveling Classrooms PO Box 35926 Canton, Ohio 44735