

Washington D.C. Our Nation's Capital

September 13-17, 2024



INCLUDED IN YOUR TOUR:

- 4 Seasons Vacations Tour Director, Tammi Haney
- Round trip Delta Airlines flights, Minneapolis to Washington D.C.
- 4 Nights accommodations in the Washington D.C. area
- 8 Meals: 4 breakfasts, 4 dinners
- Luggage handling (1 per person)
- Guided Memorial and Monuments Tours
- Tram ride through Arlington National Cemetery
- Admission to George Washington's Mount Vernon Estate and Garden
- Two Guided tours of Washington D.C.
- Full day visit to the Smithsonian
- WWII Memorial, Capitol Hill, Embassy Row, the Korean War Veterans Memorial, the Vietnam Veterans Memorial, the Smithsonian, Martin Luther King Jr. National Memorial, the Lincoln Memorial



DAY 1 FRIDAY, SEPTEMBER 13 (D)

After landing at Ronald Reagan Washington National Airport in Washington D.C. you will board your spacious, fully equipped motor coach. Enjoy a relaxing dinner and check into your Washington D.C. area hotel for the next 4 nights.

Washington D.C. area hotel (4 NIGHTS)

DAY 2 SATURDAY, SEPTEMBER 14 (B,D)

Enjoy breakfast before departing for a full-day guided tour of Washington D.C. Some of the awe-inspiring sights on this fantastic tour will include the U.S. Capitol, the White House, the National Archives, Embassy Row, and Georgetown. During the day, you will see the Washington Monument, Lincoln Memorial, the Martin Luther King, Jr. National Memorial, and several War Memorials. This evening, enjoy dinner at a local restaurant before continuing on the Guided Memorial and Monuments Tour.

DAY 3 SUNDAY, SEPTEMBER 15 (B,D)

Begin the day with breakfast. Next, you will enjoy a full day visit to the Smithsonian Institution. Later, enjoy dinner with entertainment before returning to your hotel for the night.

DAY 4 MONDAY, SEPTEMBER 16 (B,D)

Start your last day in our Nation's Capital with breakfast. Today's guided tour includes such poignant and inspirational sights as Arlington National Cemetery, including the Tomb of the Unknowns, and Kennedy Graves, as well as the Iwo Jima Memorial. Later, you will head to George Washington's Mount Vernon Estate & Garden. Experience great American history at Mount Vernon. This evening, enjoy a dinner and return to your hotel.

DAY 5 TUESDAY, SEPTEMBER 17 (B)

Today, after enjoying breakfast, you will depart for home. Chat with your friends about all the fun things you've done, the great sights you've seen, and where your next group trip will take you!

PER PERSON PRICE AND OPTIONAL INSURANCE

	<u>Double</u>	<u>Single</u>	<u>Triple</u>
TOUR COST	\$1,799.00	\$2,099.00	\$1,699.00
INSURANCE	129.53	151.13	122.33
(Airfare included)			



VACATIONS AND TOURS FOR PEOPLE ON THE GO

Departure Flight:

Depart Minneapolis.....10:30 AM
Arrive Washington D.C., Reagan.....1:56 PM

Return Flight:

Depart Washington D.C., Reagan.....11:45 AM
Arrive Minneapolis.....1:30 PM

DEPOSIT & FINAL PAYMENT:

A deposit of \$400.00 per person will be required at the time of booking. Final payment will be due June 28, 2024. Any reservations made within 75 days will require full payment.

CANCELLATION & REFUNDS:

CANCELLATION RECEIVED:

From time of deposit to 76 days.....No Penalty — Total Refund
From 75 days to 50 days prior.....\$400.00 deposit
From 49 or less prior.....Non refundable

These tours are operated by 4-Seasons Travel, Inc., (d.b.a. 4-Seasons Vacations, Inc.) P.O. Box 851, Albert Lea, MN 56007 (hereafter 4-Seasons) and acts only as agent for tour members in arranging room accommodations, transportation, sightseeing, admissions and restaurants. 4-Seasons reserves the right in its sole discretion to make itinerary changes and is not responsible to any person for expense, loss of time or money or other circumstances resulting from a change in itinerary or change of tour arrangements made by it for tour members. Rates quoted are based upon tariffs and exchanges current at the time of printing and are subject to change. 4-Seasons reserves the right to decline or to accept any person as a tour member of any tour at any time. 4-Seasons is not responsible for any loss or damages to personal property or for injuries, expenses or damages whatsoever incurred or claimed by tour members. 4-Seasons reserves the right to cancel a tour at its discretion should it become necessary and all monies would be refunded, thus releasing 4-Seasons from any further obligation.

****ITINERARIES ARE SUBJECT TO CHANGE****

TRAVEL GUARD INSURANCE

Cover your investment from those unforeseen circumstances that may arise before or during your trip. The Deluxe Group Plan provides valuable coverage at an affordable price and includes waiver of Pre-existing Medical Condition Exclusion if insurance is purchased with Initial Trip Payment.

CONTACT US

507-373-4705

travel1@4seasonstravel.net (Email)
4-seasonsvacations.com (Website)

Registration is easy. Simply complete this form and submit with \$400 per person deposit. If purchasing insurance, insurance payment is due at the time of deposit.

MAXIMUM LIMIT

Trip Cost
125% of Trip Cost
\$500
\$500
\$1,000
\$500
\$20,000
\$50,000
\$50,000
Included
Included
Included

COVERAGE PER PERSON

Trip Cancellation
Trip Interruption
Trip Delay (Maximum \$150 per day)
Missed Connection
Baggage & Personal Effects
Baggage Delay
Accident Sickness Medical Expense
Emergency Evacuation
Accidental Death & Dismemberment
Travel Medical Assistance
Worldwide Travel Assistance
Live Travel Emergency Assistance

4 Seasons Vacations
636 E. 11th Street
Albert Lea, MN 56007

☐ I am purchasing insurance

☐ I am declining insurance

Signature: _____

We accept
Visa/MasterCard
American Express/Discover

**Washington D.C. Our
Nation's Capital
September 13-17, 2024**

Name: _____
(as it appears on your photo ID)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Cell) _____

Gender: _____ M _____ F Date of Birth: _____

Emergency Contact: _____

Phone: _____ Relationship _____

Air Seat Request: _____ Aisle _____ Window _____

Room Accommodations: _____ Non-Smoking _____ 1 Bed
_____ Smoking _____ 2 Beds

Name on Name Tag: _____

Delta Frequent Flyer # _____

Email: _____

Name: _____
(as it appears on your photo ID)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Cell) _____

Gender: _____ M _____ F Date of Birth: _____

Emergency Contact: _____

Phone: _____ Relationship _____

Air Seat Request: _____ Next _____

Room Accommodations: _____ Non-Smoking _____ 1 Bed
_____ Smoking _____ 2 Beds

Name on Name Tag: _____

Delta Frequent Flyer # _____

Email: _____