

BRAIN INTERNATIONAL SCHOOL
VIKAS PURI, NEW DELHI
3 DAYS TOUR TO PINK CITY –JAIPUR

Dated:24/02/2025

Dear parent

we are pleased to inform you that an educational & cultural tour to **Jaipur** is being organized by the school. Kindly encourage your child to join this memorable experience

- **Date** : 23rd to 25th March 2025
- **Classes** : V to VIII
- **Cost** : **Rs.7500/- students**

Cost includes the following:(Transportation by 2×2 A/C Luxury Coach,Accommodation: - Regenta hotels / Similar on Quad Sharing Basis for Students, All Meals (Buffet Breakfast, Lunch and Dinner as per itinerary), All Sightseeing activities.)

DAYS	TIME	PARTICULARS	DETAILS
Day 1	06.00 am		Reporting at School
	08.00 am	Breakfast	On the way
	06.30 am	Departure	School to Jaipur By A/C Coach
	01.00 pm	Arrival	At Jaipur Hotel (Check -in)
	01.30 pm	Lunch	At hotel
	03.00 pm		Visit Albert Hall Museum and Birla Temple
	06.30 pm	Departure	Chokhi Dhani Jaipur
	08.30 pm	Dinner	At Chokhi Dhani
	10.30 pm		Night stay at Jaipur hotel
Day 2	07.30 am	Breakfast	At hotel
	08.00 am		Visit Amer Fort and Jal Mahal
	01.00 pm	Lunch	At hotel
	03.00 pm		Visit Jantar Mantar and Hawa Mahal
	07.00 pm		Dance Party At hotel
	09.00 pm	Dinner	After Dinner night stay at hotel
Day 3	08.00 am	Breakfast	At hotel
	09.00 am	Departure	Jaipur to Delhi
	01.00 pm	Lunch	On the way
	04.00 pm	Arrival	At School Delhi

- **Itinerary:** Detailed itinerary will be shared once the trip is finalized.
- The tour will be escorted by the school teachers.
- **Last date** for depositing the money is 4th March 2025
- **Cancellation charges:** No refund


Principal

CONSENT SLIP

I, _____ parent of _____ class/sec _____ have read the tour details carefully and allow my ward to join the trip to Jaipur. I am enclosing the full tour cost of **Rs.7500/- through cash.**

I undertake that I will not hold the school responsible for any untoward accident, which might occur during this tour and also for any item lost by the student. I hereby declare that he/she is medically fit and not suffering from any allergy.

Parent name & Signature: _____

Address:- _____

Mobile no: _____