



BUS EXCURSION TO CALIFORNIA SCIENCE CENTER
KING TUT: TREASURE OF THE GOLDEN PHARAOH
SATURDAY, MAY 5, 2018

REGISTRATION FORM

Name: _____

(PLEASE LIST ALL NAMES OF TRAVELERS YOU ARE REGISTERING)

Street Address: _____ City: _____ Zip: _____

Phone: Day: _____ Evening/Weekend: _____

Cell phone: _____ Anyone under 21? _____

(We often serve wine on return trip & this is an ABC requirement.)

E-mail: _____

HELP FAM GO GREEN (GO PAPERLESS) BY PROVIDING YOUR EMAIL ADDRESS FOR ALL CORRESPONDENCE RELATING TO THIS TRIP.

_____ Member(s) of the Fresno Art Museum at \$150 each _____ Non-Member(s) at \$165 each
Total payment for _____ travelers for a total of \$ _____ enclosed
(# of travelers)

Payment method:

Check made payable to the **Fresno Art Museum** Credit Card: Visa MasterCard AMEX Discover

Card No. _____ Exp. Date: _____ CVV Code _____
(3 digits)

Name on card _____ Signature _____

Billing Zip (if different than above): _____

FULL PAYMENT IS DUE BY 5 PM THURSDAY, APRIL 26, 2018 AND IS NON-REFUNDABLE

CANCELLATION POLICY

If you are unable to attend, you may fill your seat with another traveler at no additional charge, if FAM is notified of the name of the new traveler by 1:00 pm on Friday, May 4, 2018. If you are unable to find a replacement, the entire payment will be considered a tax deductible contribution to the Fresno Art Museum.

Please note that you will receive confirmation of your reservation, a final itinerary, and other details, via email (HELP US STAY GREEN BY PROVIDING YOUR EMAIL ADDRESS), 5 to 7 calendar days before the trip OR by US Mail the week of the trip.

You may email, fax, mail, or drop off your completed form to the Museum located at 2233 North First Street, Fresno, CA 93703.

Your registration form must be received no later than THURSDAY, APRIL 26, 2018, 2018 at 5 pm.

Fax number is 559.441.4227. E-Mail is Susan@FresnoArtMuseum.org.

For questions, please call Susan at 559.441.4221 x101

PLEASE COMPLETE EMERGENCY CONTACT INFORMATION/SIGN WAIVER OF LIABILITY ON REVERSE.

**Bus Excursion to
CALIFORNIA SCIENCE CENTER, LOS ANGELES
Saturday, May 5, 2018**

EMERGENCY CONTACT INFORMATION

Please complete this form for each traveler. Couples can submit one form for both,
but both must date and sign the waiver below.

Your name _____

Traveling companion's name (if applicable): _____

Your cell phone number: _____

Traveling companion's cell number (if applicable): _____

Emergency Contact (someone who will NOT be traveling with you):

Name(s) _____

Relationship: _____

Phone: Home _____ Cell: _____

Other: _____

Is there any medical condition our staff should be aware of in the case of an emergency?

No Yes If yes, please explain: _____

Please note: It is very important that you provide cell numbers for you and any traveling companions in the event you do not return to the bus at the designated times OR in the unlikely event that there is a change in the itinerary. We will only use the number to reach you if there is a change in the itinerary or to contact you if you do not return to the bus by the time designated for departure.

Waiver of Liability

I agree to release and indemnify the Fresno Art Museum, and its officers, employees, volunteers, trustees, agents, and successors (the "Releasees") from and for any and all liability, claims, causes of action, damages, losses, and costs (the "Claims") related to or arising from any injury or damage to my person or property, whether the injury or damage be physical, emotional, financial, or any other kind, suffered on or otherwise related to this trip, and I agree not to sue any of the Releasees on any of such Claims.

Your signature

Date signed _____

Traveling companions's signature, if applicable

Date signed _____