



B U S E X C U R S I O N T O L A C M A
SATURDAY, MARCH 18, 2017

REGISTRATION FORM

Name: _____
(PLEASE LIST THE NAMES OF ALL TRAVELERS YOU ARE REGISTERING)
Street Address: _____ City: _____ Zip: _____
Phone: Day: _____ Evening/Weekend: _____
Cell phone: _____ Anyone under 21? _____
(We often serve wine on return trip, and this is a new 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 \$135 each _____ Non-Member(s) at \$150 each

Total payment: _____ **travelers for a total of \$** _____ **enclosed**
(# of travelers)

Payment method:

Credit Card: ☐ Visa ☐ MasterCard OR ☐ Check made payable to the **Fresno Art Museum**

Number: _____ Exp. date: _____ CVV code _____
(3 digits)

Name on card _____ Signature _____

Billing address (if different than above): _____

FULL PAYMENT IS DUE BY 5 PM THURSDAY, MARCH 2, 2017 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, MARCH 17, 2017. 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 (if address provided) 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.

It must be received no later than THURSDAY, MARCH 2, 2017 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 the Emergency Contact Information and sign the Waiver of Liability on reverse side.

**Bus Excursion to
LACMA
Saturday, March 18, 2017**

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 phone number (if applicable): _____

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

Name(s) _____

Relationship: _____

Phone: Home _____ Cell phone: _____

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 phone 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.

Date: _____

Your signature

Date: _____

Traveling companion's signature (if applicable)