

## BUS EXCURSION TO THE DE YOUNG MUSEUM | SAN FRANCISCO | SUNDAY, APRIL 19, 2026

Name of Traveler #1: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Under 21? (ABC requirement as wine may be served on bus)  65 or over (asked for statistical purposes)

Text updates day of trip okay?  yes  no

Name of Traveler #2: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Under 21? (ABC requirement as wine may be served on bus)  65 or over (asked for statistical purposes)

Text updates day of trip okay?  yes  no

If you are paying for additional travelers, they must complete a separate form. Note their name(s) here: \_\_\_\_\_

# of member(s)\* of the Fresno Art Museum at \$235 each: \_\_\_\_\_ # of non-member(s) at \$250 each: \_\_\_\_\_  
Total payment for travelers for a total of \$\_\_\_\_\_ enclosed as  Check made payable to the Fresno Art Museum or Credit Card:  Visa  MasterCard  AMEX  Discover  
Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code \_\_\_\_\_

Name on credit card: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Zip (if different than above): \_\_\_\_\_

If you are a current member of the **Fine Art Museums of San Francisco (FAMSF)** you may deduct \$32 from your ticket price but you **MUST** provide your membership number to FAMSF and your name as on your membership card:  
FAMSF member no.: \_\_\_\_\_ Your name as on ID card: \_\_\_\_\_

Please note, being a member of the Fresno Art Museum (FAM) is NOT the same. We are required to validate FAMSF membership status with the de Young prior to ticketing. We will let you know if any additional payment is due in early April.

### WHAT'S INCLUDED WITH YOUR PAYMENT?

- Round-trip luxury bus between Fresno and San Francisco's de Young Museum & Fior d'Italia, including bus driver tip
- Breakfast snacks/coffee in route
- Entrance to the *Monet and Venice* exhibition at the de Young (1 pm timed entry)
- Dinner at Fior d'Italia, including tax and tips
- Wine in route home

Optional: Lunch at de Young Café on your own

**DINNER MENU:** At Fior d'Italia restaurant you will choose between one salad, one entrée, and either coffee or tea. Dessert for all will be tiramisu. Starters, wine, cocktails, and other beverages extra.

**Salad choices:** Caesar (w/anchovies) or mixed green salad  
**Entrée choices:**

- Lasagne - layered pasta with cheese, prosciutto and meat
- Pesce del Giorno (fish of the day) with potatoes and vegetables
- Rigatoncini con Pesto - rigatoncini pasta tossed with basil, pinenuts, garlic, and olive oil (vegetarian option)
- Petto di Pollo alla Valdostana - breast of chicken sautéed with prosciutto and fontina cheese

### Cancellation Policy

If you are unable to attend, you may fill your seat with another traveler at no additional charge if you notify FAM prior to the trip. If you are unable to find a replacement, the entire payment will be considered a tax deductible contribution to the Fresno Art Museum unless we can fill your seat with someone from the waitlist, in which case you will be reimbursed (minus any card fees incurred). If for any reason the trip is canceled by the Museum, you will be reimbursed.

Please note that you will receive confirmation of your reservation, a final itinerary, and other details via email 5 to 7 calendar days before the trip or if you do not have email, by US mail.

You may email your completed form and payment to [susan@fresnoartmuseum.org](mailto:susan@fresnoartmuseum.org), by fax to **559.441.4227**, or mail or drop off to the Museum located at **2233 North First Street, Fresno, CA 93703**. **QUESTIONS?** Please email [susan@fresnoartmuseum.org](mailto:susan@fresnoartmuseum.org)

Your registration form must be received no later than **Tuesday, March 31, 2026** so all payments to the de Young Museum and other deposits may be paid on time.

\*If you are unsure of your current membership status to the Fresno Art Museum, please email [hamilton@fresnoartmuseum.org](mailto:hamilton@fresnoartmuseum.org)



**BUS EXCURSION TO THE DE YOUNG MUSEUM | SAN FRANCISCO, SUNDAY, APRIL 19, 2026**  
**EMERGENCY CONTACT INFORMATION/WAIVER OF LIABILITY**

Please complete this form for each traveler. You can submit one form if you are both included on the reverse side, but both must date and sign the waiver below.

**Emergency Contact for Traveler # 1 (someone who will NOT be traveling with you):**

Your name: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
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: \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact for Traveler # 2 (someone who will NOT be traveling with you):**

Your name: \_\_\_\_\_  Same Emergency Contact as for Traveler #1  
Emergency Contact Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
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: \_\_\_\_\_  
\_\_\_\_\_

Other traveling companion(s) not included on this form (if applicable):  
\_\_\_\_\_

**Please note: It is very important that you provide traveler cell numbers on the reverse side of this registration form 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 arrive at the bus by the time designated for departure.**

**Waiver of Liability**

I/we 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/our 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/we agree not to sue any of the Releasees on any of such Claims. I/we also understand that the VA Hospital assumes no liability for vehicles parked in their lot although it is patrolled and monitored 24/7 by their police force.

Traveler # 1's signature: \_\_\_\_\_ Date: \_\_\_\_\_

If applicable,

Traveler # 2's signature: \_\_\_\_\_ Date: \_\_\_\_\_