

FAA Trip to San Francisco Fine Arts Museum - Wednesday, August 23, 2017


Cost = **\$50** per person, which includes bus fare to and from SF, and museum entrance.

Cost = **\$34** per person, if Fine Art Museums San Francisco (FAMSF) member. Cost includes bus fare and museum entrance. (See details below on how many guests you can bring based on membership)

Please **PRINT** clearly

Your First Name	Your Last Name	Your Email Address:	Phone Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

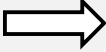
If you plan to bring guests with you on this trip, please be sure to fill out a separate application for each guest, complete the entire form and have them sign the bottom for the liability waiver.

FAMSF Member ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	 *Fine Art Museums San Francisco Individual FAMSF* Membership = 1 member + 1 guest Family/Dual FAMSF* Memberships = 2 members + 2 guests
If YES, indicate membership number	<input type="text"/>		

Indicate beverage preference for return trip: (1 item per person)

For FAA Use Only:		↓
Check Number	<input type="text"/>	
Check Date:	<input type="text"/>	
Amount:	<input type="text"/>	

RED wine	<input type="checkbox"/>
WHITE wine	<input type="checkbox"/>
WATER	<input type="checkbox"/>
NONE	<input type="checkbox"/>

 Please make your check payable to the
Folsom Arts Association

Mail this form and your check to:

Folsom Arts Association c/o Lori Anderson 313 Fayette Way Folsom, CA 95630

IMPORTANT ↓

*** EMERGENCY CONTACT INFO - Please PRINT clearly**

First Name	Last Name	Primary Phone	Alternate Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* In case of emergency, please provide the name and phone number(s) of a contact person who can be reached during this trip.

FAA Liability Waiver: I agree to indemnify and hold harmless the Folsom Arts Association, their officers, board members, contractors, employees, volunteers, and any other cosponsoring agencies from any and all liability for injuries or damages which may arise as a result of participation in this activity.

I further agree that the Folsom Arts Association may act in an emergency as best fits the situation in the event either myself or an emergency contact cannot be reached. I am aware that the sponsoring organization or association does not carry medical insurance for participants in this activity.

I have read and understand this policy.

Signature: _____

Date: _____