

**Arizona State University Art Museum
Ceramics Research Center
CLAY IN THE BIG SKY
June 20-25, 2006**

RESERVATION FORM

A completed reservation form accompanied by a deposit of \$500 per traveler will hold your space on this museum trip.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name(s) _____

Street/P.O. Box _____

City _____ State _____ Zip _____

Phone (____) _____ - _____ Fax (____) _____ - _____

E-mail: _____@_____

The price per person for this exciting 6 day - 5 night travel adventure is \$1,275, which includes a \$250 contribution to the museum that will directly benefit its Ceramics Research Center. The price also includes: 5 nights lodging at Holiday Inn Downtown; selected meals (2 suppers and 1 lunch); luxury motor coach; weekend package for the 2006 Archie Bray International event ; private art collections, artists' studios; and special guided tours. The price does not include roundtrip airfare which must be arranged separately.*

4-STEP PAYMENT PROCESS:

1 Calculate the deposit amount due:

_____ Deposit @ \$500 per person = \$ _____

The remaining balance of \$775 per traveler due by May 5, 2006 .*

2 Indicate method of payment below:

_____ Payment by check enclosed payable to: **ASU Foundation**

_____ Please charge my credit card for the: **deposit** **remaining balance due May 5, 2006**
 VISA _____ MasterCard _____ AMX _____ Discover _____

Card Number _____ Exp. Date: _____

Signature _____ Date _____

**Due to the value of benefits received, \$250 of the total payment of \$1,275 may be considered a charitable contribution. The gift receipt for this portion will be issued by the ASU Foundation upon remittance of the remaining balance. Funds will be deposited with the ASU Foundation, a separate non-profit entity that exists to support ASU.*

Office use only

3 PLEASE READ AND SIGN:

RELEASE, INDEMNITY, AND ASSUMPTION OF RISK (includes travel)

Activities: Clay in the Big Sky Trip, June 20-25, 2006

Names of Participant: _____

I am signing this release so that I can participate in the activities associated with this trip. This Release, Indemnity and Assumption of Risk Statement covers all events and occurrences associated with the activities, including any associated travel, meals and lodging. I understand that if I have any concerns about my health or ability to participate, it is my responsibility to discuss my concerns with my physician before deciding to participate.

I agree to assume the risk that unexpected events may occur and result in harm, injury or illness to me or damage to my property while I am participating in or observing the activities or while I am traveling to or from the activities. I agree to indemnify ASU, ABOR, the State of Arizona and the ASU Foundation and not to sue for any harm or damage associated with my participation, observation, or travel if the harm or damage is not due to negligence or fault. I understand that my participation in these activities is voluntary.

If I require emergency medical treatment, please contact:

Name of emergency contact person: _____

Telephone number of contact person: _____

4 MAIL COMPLETED FORM AND PAYMENT TO:

Ted Decker
ASU Art Museum
Box 872911
Tempe, AZ 85287-2911