

ASOLO REPERTORY THEATRE

FLORIDA'S PREMIER PROFESSIONAL THEATRE

ASHLAND SUMMER THEATRE TOUR | JUNE 14-20, 2017

Registration Form

NAME(S) _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE _____ EMAIL _____

PRICING/PAYMENT SCHEDULE

_____ **Single Occupancy \$3,350** -- Suite, Spa Bungalow or Patio Bungalow with one King bed

At time of booking: **\$500** -- Tax deductible, non-refundable deposit
February 15, 2017: **\$1,425** -- 50% of the remaining balance; non-refundable
March 15, 2017 (90 days): **\$1,425** -- Remaining balance

_____ **Double Occupancy \$5,150** -- Suite, Spa Bungalow or Patio Bungalow with one King bed

At time of booking: **\$1,000** -- Tax deductible, non-refundable deposit
February 15, 2017: **\$2,075** -- 50% of the remaining balance; non-refundable
March 15, 2017 (90 days): **\$2,075** -- Remaining balance

_____ **Double Occupancy/Two Singles \$5,250** -- Hillside Queen-Queen Suite with two Queen Beds

At time of booking: **\$1,000** -- Tax deductible, non-refundable deposit
February 15, 2017: **\$2,125** -- 50% of the remaining balance; non-refundable
March 15, 2017 (90 days): **\$2,125** -- Remaining balance

PAYMENT INFORMATION

_____ **Check** (payable to Asolo Repertory Theatre)

_____ **Credit card** (Visa, MasterCard, American Express, and Discover)

Credit Card # _____ Exp. Date _____

Charge my card for the full amount of \$ _____

Charge my card according to the _____ **payment schedule listed above**

RETURN FORM TO

Laura Stuart Wood, Manager of Special Events

Email: Laura_Wood@asolo.org | **Fax:** 941 351 5796 | **Mail:** 5555 N. Tamiami Trail, Sarasota, FL 34243

WWW.ASOLOREP.ORG/TRIPS

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Waiver, Release + Indemnification

I am or will be participating in an activity offered, led, or sponsored by Asolo Theatre, Inc. (Asolo Rep), and I acknowledge that my participation in such activity is my express choice and is at my own risk.

I do hereby waive any claim or demand against Asolo Rep, its agents and employees, for any and all loss or damage suffered by me in connection with any activity offered, led, or sponsored by Asolo Rep.

I do hereby release Asolo Rep, its agents and employees, from any claim or demand for any loss or damage suffered by me in connection with any activity offered, led, or sponsored by Asolo Rep.

I do hereby indemnify and hold Asolo Rep harmless from any loss or damage it may suffer as a result of my participation in the activities offered, led, sponsored by Asolo Rep, if such loss or damage is a result of my own action, inaction, or negligence.

This waiver, release, and indemnity is intended to include, without limitation, travel arrangements, travel experiences, and all other activities associated with the same.

This waiver, release, and indemnity shall bind me, my heirs, my estate, and the representatives of any of the foregoing.

Signed this _____ day of _____ 2016.

PARTICIPANT #1 NAME (please print)

PARTICIPANT #1 SIGNATURE

PARTICIPANT #2 NAME (please print)

PARTICIPANT #2 SIGNATURE

WITNESS NAME (please print)

WITNESS SIGNATURE

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