



BERMUDA ZOOLOGICAL SOCIETY
SUPPORT CHARITY FOR BERMUDA AQUARIUM, MUSEUM & ZOO

ENDURANCE BOOKING & PAYMENT INFORMATION

Attendee(s) Name: _____ BZS Membership #: _____

Trip Date: _____ Trip Time: _____

Address: _____

Email Address: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Other Phone #: _____

Price: _____

METHOD OF PAYMENT: Cash Credit Card

If paying by Debit/Credit Card please complete form below

Card Holder's Name: _____

Postal Address: _____

_____ Email Address: _____

Telephone (home): _____ (work): _____

Total Cost: _____ Debit/Credit Card : Mastercard Visa

Credit Card #: _____ Expiry Date: _____

Card holder's signature: _____ BZS Membership #: _____

NO SPACE IS CONFIRMED UNTIL PAYMENT HAS BEEN RECEIVED

Please fax, email, or hand deliver this form to the Aquarium at Flatt's (fax 293-4014).
For further information call 293-2727 x 2138, or 777-0014 or email endurance.bzs@gov.bm

PLEASE NOTE: There will be no refunds for cancellations unless the trip is cancelled by BZS. You will be notified by telephone or email of cancellations.

BZS accepts no responsibility for any injury or loss incurred on any of these activities.

***** PLEASE RETURN THIS FORM TO THE AQUARIUM *****