



**BZS Science Club Winter Term 2019**

**Dates of Club: April 27- May 4, 11, 17, 25 - June 1 and 8**

**For children in Primary 6 to Middle School 3 or equivalent**

**This is a seven week club running on Saturday mornings from 9:30 AM to 12:00 Noon**

- **APPLICATIONS WILL BE PROCESSED ON A "FIRST COME FIRST SERVED" BASIS.**
- **This club is available only to active members of the Bermuda Zoological Society (BZS) or the Atlantic Conservation Partnership (ACP). Memberships may be purchased at time of application (see page 3).**
- The parents of the child(ren) applying must have a minimum of a Killifish (Family) membership.
- Your membership must be **current** (i.e. valid until December 31, 2019).
- If you are not a member, please complete the Membership Application form on Page 3.
- Science Club fee and membership fee may be included in the same payment.
- **BZS reserves the right to use photos taken during the Science Club in not-for-profit marketing promotions.**
- For information on the Science Club programming, contact Alex Amat at [activities@bzs.bm](mailto:activities@bzs.bm) or call 293-2727 ext. 2133.
- Applications should be submitted via email to [activities@bzs.bm](mailto:activities@bzs.bm), via fax 293-4800 or dropped off at the Aquarium Front Desk, Attention Education. All completed application forms must be returned to the Bermuda Aquarium, Museum & Zoo no later than **12:00 Noon Wednesday April 24, 2019**. Late applications will be considered if space is available.

**When sending in your application(s), please take note of the following:**

- **COMPLETE A SEPARATE FORM FOR EACH CHILD.**
- The Science Club is on Saturday mornings for seven weeks.
- The Disclaimer must be signed by a parent or guardian or the application will not be accepted.

**APPLICATION DEADLINE: Wednesday, April 24, 2019**

**Refund Policy:**

**No refund for cancellations received after April 24, 2019.**

Our refund policy is in place in order for us to meet the budgetary requirements of staffing and running our Science Club.



## BZS Science Club Winter Term 2019 - Application

Applications are processed on a first come first served basis.

Please complete a separate form for each child

<input type="checkbox"/> My BZS Membership # _____ is valid to December 31, 2019. <input type="checkbox"/> I am paying for membership with this application.		
Last Name (child): _____	First Name: _____	
Date of Birth (Day/Month/Year): _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
School: _____	Current School Year _____	
Parent/Guardian Name(s): _____		
Mailing address: _____		Post Code: _____
Home tel: _____	Mother's Work: _____	Father's Work: _____
	Mother's Cell: _____	Father's Cell: _____
Parent's Email(to be used for camp correspondence): _____		
Child's Email (if Applicable): _____		

**To help us provide your child with a safe and meaningful experience, please complete the following information as accurately as possible. Use an extra sheet of paper if additional space is required.**

Is your child on any medication? YES / NO.

If yes, please list medications with reason:

Does your child have any special health needs? YES / NO.

If yes, please specify:

Does your child have any allergies? (e.g. bee stings, food, nuts, medications) YES / NO.

If yes, please specify:

Has your child been diagnosed with any behavioural, emotional or learning challenges? (e.g. ADD, Autism) YES / NO.

If yes, please specify:

**Application Deadline - 12:00 noon Wednesday, April 24, 2019**

**Email: [activities@bzs.bm](mailto:activities@bzs.bm) (as an attachment) \* Fax: 293-4800 \* Drop off at BAMZ Front Desk (Attention: Dr Alex Amat)**

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**BZS Science Camp Winter Term 2019 – Payment Form**

**Science Club Fee: \$300 per child**

Your child's place will be confirmed once payment is received and space is available (you will not be charged if there is no space).

Science Club fee and membership fee may be included together.

<b>Child's Name:</b> _____	<b>BZS Member No.:</b> _____	
<b>Means of payment:</b> Note: If paying with cash at the Aquarium front entrance you must have the exact change. No Cheques please.		
<input type="checkbox"/> Credit/Debit Card (Visa, Master)		
Card Information:		
Credit Card No: _____ Expiry Date: _____ CVV: _____		
Card Holder's Name (print clearly): _____		
Card Holder's Signature: _____		
<input type="checkbox"/> Cash		
<b>Club Fee \$</b>	<b>Membership Fee \$</b>	<b>Total Payment \$</b>

Please complete the form below if you do not have a BZS membership valid to December 31, 2019.  
Membership fee must be included with your Science Club payment.

**BZS Membership Application Form**

<b>BZS Membership Application: This is a</b> <input type="checkbox"/> new membership <input type="checkbox"/> renewal of Membership # _____		
adult 1: Last Name _____	First Name _____	Mr. Mrs. Ms Other _____
adult 2: Last Name _____	First Name _____	Mr. Mrs. Ms Other _____
Children's Names (under 21) _____		
<i>Please complete the information below if it is different from your Science Club application.</i>		
Mailing Address: House Name/Unit #/PO Box _____		
Street # _____	Street Name _____	
Parish/Town _____	State _____	Postal Code _____ Country _____
Home Tel: _____		
Work Tel: adult 1 _____	Work Tel: adult 2 _____	
Cell: adult 1 _____	Cell: adult 2 _____	
Preferred Email _____		
Alternate Email _____		
<b>Membership Levels</b>	<b>Memb. Fee</b>	<b>Note</b>
<input type="checkbox"/> Killifish	\$75	The BZS membership year runs from January 1 <sup>st</sup> to December 31 <sup>st</sup> . Membership purchased will be valid until December 31, 2019.
<input type="checkbox"/> Bermudiana	\$150	
<input type="checkbox"/> Cahow	\$250	
<input type="checkbox"/> Longtail	\$550	
<input type="checkbox"/> Palmetto	\$1000	
<input type="checkbox"/> Cedar	\$2500	

**Application Deadline 12 noon April 24, 2019**

Please return the form (both pages)

Email: [activities@bzs.bm](mailto:activities@bzs.bm) (as an attachment) \* Fax: 293-4800 \* Drop off at BAMZ Front Desk (Attention: Dr Alex Amat)

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*Educating Tomorrow's Environmentalists*

PO Box 145, Flatts FL BX, Bermuda • Tel: (441) 293-2727 • Fax (441) 293-4014 • [www.bzs.bm](http://www.bzs.bm) / [www.bamz.org](http://www.bamz.org)

