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## **BAMZ AFTER DARK WILD ENCOUNTER FORM**

Name of Attendee(s) \_\_\_\_\_

<b>Wild Encounter</b>	<b>Date</b>	<b>Number Attending</b>	<b>Cost</b>
<p><b>BAMZ AFTER DARK</b></p> <p><i>Friday, November 22nd, 6:30pm-8:30pm</i> <i>Ages 7-10 (drop off event)</i></p> <p><i>Friday, November 29th, 6:30pm-8:30pm</i> <i>Ages 5-7 (drop off event)</i></p> <p><i>Friday, December 13th, 6:00pm-8:00pm</i> <i>Ages 3-4 (children must be accompanied by adult)</i></p> <p><b>Price: \$25</b></p> <p>Here is your chance to take a look inside BAMZ after the doors have closed and the sun has set!</p> <p>This guided tour around the facility will include getting creative with a craft, a chance to look at some of the nocturnal animals that call BAMZ home, and pizza!</p> <p>Don't forget your jacket and flashlight! One with a red light is best!</p>	<p><input type="radio"/> Fri, Nov 22nd</p> <p><input type="radio"/> Fri, Nov 29th</p> <p><input type="radio"/> Fri, Dec 13th</p>		

Name: \_\_\_\_\_ BZS Membership #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**PLEASE DO NOT MAIL THIS FORM TO THE AQUARIUM.  
THE DELAY IN DELIVERY MAY RESULT IN NO SPACES BEING AVAILABLE FOR YOUR CHILD.**

NO SPACE IS CONFIRMED UNTIL PAYMENT HAS BEEN RECEIVED

**Please email or hand deliver this form to the Bermuda Aquarium, Museum & Zoo**

**For further information call 293-2727 Ext. 2134 or email senior.school@bzs.bm**

**BZS ACCEPTS NO RESPONSIBILITY FOR ANY INJURY OR LOSS INCURRED AT ANY OF THESE ACTIVITIES.**

**Please note: An Encounter will be automatically cancelled if it has not reached the minimum number of six (6) bookings by the required booking date. There will be no refunds for cancellations unless the encounter is cancelled by the BZS. You will be notified by telephone or email of cancellations.**

**METHOD OF PAYMENT:**     Cash                       Credit Card                      **NO CHEQUES**

**IF PAYING BY DEBIT/CREDIT CARD, PLEASE COMPLETE THE FORM BELOW**

Card Holder's Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (work): \_\_\_\_\_

Total Cost: \_\_\_\_\_ Debit/Credit Card:  Mastercard     Visa

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CVC: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_ BZS Membership #: \_\_\_\_\_