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BAMZ AFTER DARK WILD ENCOUNTER FORM

Name of Attendee(s) _____

Wild Encounter	Date	Number Attending	Cost
<p>BAMZ AFTER DARK <i>Friday, November 23rd. 6:30pm-8:30pm</i></p> <p>Price: \$25 Members, \$30 Non-members</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"/> Friday, Nov 23rd</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 fax, 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 #: _____