



Edu.	Memb.

## PUMPKIN CARVING WILD ENCOUNTER FORM

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

Wild Encounter	Date	Number Attending	Ages	Cost
<p><b>PUMPKIN CARVING AT BAMZ</b></p> <p><i>Sunday, 18th October. 9:30am-11:30am</i> <i>Sunday, 25th October. 9:30am-11:30am</i> <i>Saturday, 31st October. 9:30am-11:30am</i></p> <p><b>\$30 per "Bubble" Table</b> up to 6 people per "bubble", max. 3 children <b><i>Ages 5+ MUST be accompanied by an adult!</i></b> Bring your pumpkins and carving tools to BAMZ this year. Once you have completed carving, the Zoo staff will come to the classroom and will help you get your creation zoo ready! Watch as the animals explore the treat you created for them!</p>	<p>○ Sun, 18th Oct ○ Sun, 25th Oct ○ Sat, 31st Oct</p>			

Parent 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](mailto:senior.school@bzs.bm)



## PUMPKIN CARVING WILD ENCOUNTER FORM

**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.**

### **PAYMENT INFORMATION:**

**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 #: \_\_\_\_\_

### **ADDITIONAL INFORMATION:**

- I understand that there are inherent risks attending BZS WILD Encounters related to the Covid-19 Pandemic. I understand that the BZS will comply with Government protocols related to reducing the transmission of Covid-19 but that these protocols do not eliminate the risk to me or my child.
- I understand the BZS reserves the right to use photos taken during Aqua Camp in not-for-profit marketing promotions

Signature: \_\_\_\_\_

Date: \_\_\_\_\_