

PUMPKIN CARVING WILD ENCOUNTER FORM

Name of Attendee(s)

Edu.	Memb.
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Wild Encounter	Date	Number Attending	Ages	Cost	
PUMPKIN CARVING AT BAMZ					
Sunday, 20th October. 9:30am-11:30am Sunday, 27th October. 9:30am-11:30am	○ Sun, 20th Oct ○ Sun, 27th Oct				
\$5 per child(members) \$10 per child (non-members) Ages 5+ MUST be accompanied by an adult! Join in this fun animal enrichment encounter by carving a					
pumpkin for one of our zoo animals! Bring along a pumpkin and carving tools we will have some tools to lend if					
needed! When you're done, we will chose which animal to give your					
pumpkin to, we'll prepare them with the help of the					
zookeeper and the watch as the animals interact with your creation!					
Parent Name:	BZS Membership #:				
Address:					
_					
Ema	il:				
Home Phone #: Cell	Phone #:				
PLEASE DO NOT MAIL THIS FORM TO THE AQ					
SULT IN NO SPACES BEING A					
<u>No space is confirmed until</u> Please email or hand deliver this form to t			um & 7	'oo	
				.00	
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: O Cash	O Credit Card	<u>NO CH</u>	IEQUES		
IF PAYING BY DEBIT/CREDIT CARD, PL	EASE COMPLETE THE	FORM BELC	w		
Card Holder's Name:					
Postal Address:					
	Email:				
Telephone (home):	(work):				
Total Cost:	Debit/Credit Card:	O Mastercar	d OV	/isa	
Card Number: Ex	piry Date:		CVC:		

Card Holder's Signature: _____ BZS Membership #: _____