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| Edu. | Memb. |
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YEAR IN BERMUDA ENCOUNTER FORM

Name of Attendee(s) _____

| Wild Encounter | Date | Number Attending | Ages | Cost |
|---|-----------------------|------------------|------|------|
| <p>A YEAR IN BERMUDA</p> <p><i>Sunday, January 6th</i></p> <p><i>9:30am—11:30am</i></p> <p><i>Ages 6-9</i></p> <p>Price: \$20 Member, \$25 Non-members</p> <p>Create a calendar to keep as we explore the natural history of Bermuda through the months of the year.</p> | <p>○ Sun, 6th Jan</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.

NO SPACE IS CONFIRMED UNTIL PAYMENT HAS BEEN RECEIVED

**Please fax, email or hand deliver this form to the Bermuda Aquarium, Museum & Zoo
(Fax 293-4800)**

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**

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 #: _____