



<b>Edu.</b>	<b>Memb.</b>
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## **BAMZ After Dark Family Wild Encounter Form**

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

<b>Wild Encounter</b>	<b>Date</b>	<b>Number Attending and Children's Ages</b>	<b>Cost</b>
<p><b>BAMZ After Dark</b></p> <p><i>Friday, November 27<sup>th</sup></i></p> <p>Approximately 1 Hour separate time slots for each 'Bubble' to be arranged on booking.</p> <p><i>Begins at 6:00pm</i></p> <p>Up to 6 Members of family/Close contacts <i>Including at least one adult</i></p> <p><b>Price: \$60.00 per Bubble</b></p> <p>Here is your chance to look inside BAMZ after the doors have closed and the sun has set!</p> <p>This guided tour around the facility will include a Museum Scavenger Hunt. See some of the nocturnal animals that call BAMZ home!</p> <p>After your tour, get creative and select a craft kit to take home to complete. (One each for every child under 12)</p> <p>Don't forget your jacket and flashlight! One with a red light is best!</p>	<p>o Fri, Nov 27<sup>th</sup></p>		<p><u>\$60.00</u></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](mailto: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 #: \_\_\_\_\_