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| Edu. | Memb. |
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CHRISTMAS WREATH WORKSHOP WILD ENCOUNTER FORM

Name of Attendee(s) _____

| Wild Encounter | Date | Number Attending | Cost |
|---|---|------------------|------|
| <p>CHRISTMAS WREATH WORKSHOP <i>Sunday, 12th December 7:00pm to 9:00pm Session</i> <i>Members \$60 and Non-Members \$85</i> Location: BZS Classrooms at BAMZ</p> <p>Create a beautiful wreath for your door to welcome all your Christmas visitors. *Adults only</p> | <p>o Sunday, 12th December 7:00pm-9:00pm Session</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.

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

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 **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: o Mastercard o Visa

Card Number: _____ Expiry Date: _____ CVC: _____

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