



GOVERNMENT OF BERMUDA
Ministry of Public Works

**Department of Conservation Services
Bermuda Aquarium, Museum & Zoo**

Summer Day Camp Programme Admittance/Confirmation Form

Group Name: _____

Head Supervisor: _____

E-mail: _____ Contact #: _____

Intended Date of Visit: _____
Day Month Year Time

Total No. of Children _____ Age of Children _____ No. of Supervisors _____

Today's Date: _____
Day Month Year

Childrens' Names (please print)	Childrens' Names (please print)
1	19
2	20
3	21
4	22
5	23
6	24
7	25
8	26
9	27
10	28
11	29
12	30
13	31
14	32
15	33
16	34
17	35
18	

**Please HAND THIS FORM IN to the FRONT DESK RECEPTIONIST
UPON ARRIVAL to BAMZ on day of visit.**

E-Mail: edofficer.bzs@gov.bm • Fax: (441) 293 4800
Location Address: 40 North Shore Road • Flatts FL 04 • Bermuda
Mailing Address: PO Box FL 145 • Flatts FL BX • Bermuda