



**BERMUDA ZOOLOGICAL SOCIETY**  
SUPPORT CHARITY FOR BERMUDA AQUARIUM, MUSEUM & ZOO

**ENDURANCE BOOKING & PAYMENT INFORMATION**

Attendee(s) Name: \_\_\_\_\_ BZS Membership #: \_\_\_\_\_  
Trip Date: \_\_\_\_\_ Trip Time: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_  
Price: \_\_\_\_\_

METHOD OF PAYMENT: Cash  Credit Card

**If paying by Debit/Credit Card please complete form below**

Card Holder's Name: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
\_\_\_\_\_ Email Address: \_\_\_\_\_  
Telephone (home): \_\_\_\_\_ (work): \_\_\_\_\_  
Total Cost: \_\_\_\_\_ Debit/Credit Card : Mastercard  Visa   
Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Card holder's signature: \_\_\_\_\_ BZS Membership #: \_\_\_\_\_

**NO SPACE IS CONFIRMED UNTIL PAYMENT HAS BEEN RECEIVED**

Please fax, email, or hand deliver this form to the Aquarium at Flatt's (fax 293-4014).  
For further information call 293-2727 x 2151, or email [endurance@bzs.bm](mailto:endurance@bzs.bm)

**PLEASE NOTE:** There will be no refunds for cancellations unless the trip is cancelled by BZS. You will be notified by telephone or email of cancellations.

**BZS accepts no responsibility for any injury or loss incurred on any of these activities.**

**\*\*\* PLEASE RETURN THIS FORM TO THE AQUARIUM \*\*\***