



## SNOOZE AT THE ZOO 2009-2010 GIRL SCOUT AND BOY SCOUT OVERNIGHTS

Snooze at the Zoo is a unique overnight program just for girl scouts and boy scouts. It's one of our most popular programs at the Zoo. Groups attend as troops or dens.

All programs allow participants to see and touch live animals, play ecology games, and participate in other fun hands-on activities. The popular night hike tops off our evening and includes a personal tour of the Herpetarium (with only a flashlight to show the way)! An evening snack and breakfast are provided. Snooze at the Zoo T-shirts will be available for purchase.

Confirmation packets will be e-mailed to leaders after we receive your registration forms. The packet will include information for your group, emergency contact information, lists of what to bring (and not to bring), and more.

Please direct registration questions to the Saint Louis Zoo's Education Department at (314) 646-4544, Monday to Friday, from 8:00 a.m. to 5:00 p.m. or e-mail at [educationquestions@stlzoo.org](mailto:educationquestions@stlzoo.org). For more program information on our Snooze at the Zoo overnights, call Keri Lammering, Overnight Programs Coordinator, at (314) 646-4614.

### Girl Scout Brownies Snooze at the Zoo North America

Join us at the Saint Louis Zoo while we explore North America and take a closer look at animals you can find around your home.

Who registers: Girl Scout Brownie troops with adult leaders or parents.  
Maximum: 60 participants.  
Fee: \$35/person

| Code                      | Date           | Day/Time                    | Maximum | Registration Deadline |
|---------------------------|----------------|-----------------------------|---------|-----------------------|
| S0410BR                   | April 10, 2010 | 6:30 p.m. Sa – 8:30 a.m. Su | 60      | March 26, 2010        |
| S0417BR                   | April 17, 2010 | 6:30 p.m. Sa – 8:30 a.m. Su | 60      | <b>SOLD OUT</b>       |
| S0424BR                   | April 24, 2010 | 6:30 p.m. Sa – 8:30 a.m. Su | 60      | <b>SOLD OUT</b>       |
| S0501BR                   | May 1, 2010    | 6:30 p.m. Sa – 8:30 a.m. Su | 60      | <b>SOLD OUT</b>       |
| S0507BR                   | May 7, 2010    | 6:30 p.m. Fr – 8:30 a.m. Sa | 60      | <b>SOLD OUT</b>       |
| <b>NEWLY ADDED DATES:</b> |                |                             |         |                       |
| S0423BR                   | April 23, 2010 | 6:30 p.m. Fr – 8:30 a.m. Sa | 60      | April 9, 2010         |
| S0508BR                   | May 8, 2010 *  | 6:30 p.m. Sa – 8:30 a.m. Su | 60      | April 23, 2010        |

\* May 9, 2010 is Mother's Day.

## Girl Scout Juniors (4-5<sup>th</sup>) Snooze at the Zoo Asian Adventure

Come to the Saint Louis Zoo and join the overnight adventure as we explore the animals and culture of Asia.

Who registers: Girl Scout Junior troops with adult leaders or parents.

Maximum: 60 or 180 participants depending on the location of the program (see maximum below).

Fee: \$35/person

| Code    | Date              | Day/Time                    | Maximum | Registration Deadline |
|---------|-------------------|-----------------------------|---------|-----------------------|
| S1106JR | November 6, 2009  | 6:30 p.m. Fr - 8:30 a.m. Sa | 180     | October 23, 2009      |
| S1107JR | November 7, 2009  | 6:30 p.m. Sa - 8:30 a.m. Su | 60      | <b>SOLD OUT</b>       |
| S1113JR | November 13, 2009 | 6:30 p.m. Fr - 8:30 a.m. Sa | 180     | October 30, 2009      |
| S0205JR | February 5, 2010  | 6:30 p.m. Fr - 8:30 a.m. Sa | 180     | January 22, 2010      |
| S0206JR | February 6, 2010  | 6:30 p.m. Sa - 8:30 a.m. Su | 180     | January 22, 2010      |
| S0212JR | February 12, 2010 | 6:30 p.m. Fr - 8:30 a.m. Sa | 60      | January 29, 2010      |
| S0219JR | February 19, 2010 | 6:30 p.m. Fr - 8:30 a.m. Sa | 60      | February 5, 2010      |
| S0226JR | February 26, 2010 | 6:30 p.m. Fr - 8:30 a.m. Sa | 180     | February 12, 2010     |
| S0227JR | February 27, 2010 | 6:30 p.m. Sa - 8:30 a.m. Su | 180     | February 12, 2010     |
| S0306JR | March 6, 2010     | 6:30 p.m. Sa - 8:30 a.m. Su | 60      | February 19, 2010     |
| S0312JR | March 12, 2010    | 6:30 p.m. Fr - 8:30 a.m. Sa | 60      | February 26, 2010     |
| S0319JR | March 19, 2010    | 6:30 p.m. Fr - 8:30 a.m. Sa | 60      | March 5, 2010         |
| S0326JR | March 26, 2010    | 6:30 p.m. Fr - 8:30 a.m. Sa | 180     | March 12, 2010        |
| S0402JR | April 2, 2010 *   | 6:30 p.m. Fr - 8:30 a.m. Sa | 180     | March 19, 2010        |
| S0409JR | April 9, 2010     | 6:30 p.m. Fr - 8:30 a.m. Sa | 180     | March 26, 2010        |
| S0416JR | April 16, 2010    | 6:30 p.m. Fr - 8:30 a.m. Sa | 60      | April 2, 2010         |

\* March 30, 2010 is Passover, April 2, 2010 is Good Friday and April 4, 2010 is Easter.

## Girl Scout Cadettes (Studio 2B) Snooze at the Zoo Can you Run a Zoo?

Spend the night at the Saint Louis Zoo and learn what it takes to manage a Zoo. Bring your imagination since the evenings project will have you creating an animal exhibit!

Who registers: Girl Scout Cadette (Studio 2B) troops with adult leaders or parents.

Maximum: 60 participants.

Fee: \$35/person

| Code    | Date              | Day/Time                    | Maximum | Registration Deadline |
|---------|-------------------|-----------------------------|---------|-----------------------|
| S1114CD | November 14, 2009 | 6:30 p.m. Sa - 8:30 a.m. Su | 60      | <b>SOLD OUT</b>       |
| S0220CD | February 20, 2010 | 6:30 p.m. Sa - 8:30 a.m. Su | 60      | <b>SOLD OUT</b>       |
| S0313CD | March 13, 2010    | 6:30 p.m. Sa - 8:30 a.m. Su | 60      | February 26, 2010     |

## Webelos Snooze at the Zoo Naturalist Badge

Spend the night at the Saint Louis Zoo and earn your Naturalist Badge. You will see and touch live animals while learning about Missouri Wildlife.

Who registers: Webelos packs or dens with adult leaders or parents.

Maximum: 60 or 180 participants depending on the location of the program (see maximum below).

Fee: \$35/person

| Code    | Date              | Day/Time                    | Maximum | Registration Deadline |
|---------|-------------------|-----------------------------|---------|-----------------------|
| S1120WB | November 20, 2009 | 6:30 p.m. Fr - 8:30 a.m. Sa | 60      | November 6, 2009      |
| S1121WB | November 21, 2009 | 6:30 p.m. Sa - 8:30 a.m. Su | 60      | <b>SOLD OUT</b>       |
| S0115WB | January 15, 2010  | 6:30 p.m. Fr - 8:30 a.m. Sa | 180     | January 4, 2010       |
| S0116WB | January 16, 2010  | 6:30 p.m. Sa - 8:30 a.m. Su | 180     | January 4, 2010       |
| S0122WB | January 22, 2010  | 6:30 p.m. Fr - 8:30 a.m. Sa | 60      | <b>SOLD OUT</b>       |
| S0123WB | January 23, 2010  | 6:30 p.m. Sa - 8:30 a.m. Su | 60      | January 8, 2010       |
| S0129WB | January 29, 2010  | 6:30 p.m. Fr - 8:30 a.m. Sa | 180     | January 15, 2010      |
| S0130WB | January 30, 2010  | 6:30 p.m. Sa - 8:30 a.m. Su | 60      | January 15, 2010      |
| S0320WB | March 20, 2010    | 6:30 p.m. Sa - 8:30 a.m. Su | 60      | March 5, 2010         |
| S0327WB | March 27, 2010    | 6:30 p.m. Sa - 8:30 a.m. Su | 60      | March 12, 2010        |

## Boy Scouts Snooze at the Zoo Reptile and Amphibian Merit Badge

Come to the Saint Louis Zoo and join the overnight adventure as we explore the world of reptiles and amphibians and you complete many activities for your Merit Badge.

Who registers: Individual Boy Scout with Parent or Boy Scout Troops with adult leaders and parents.

Maximum: 90 participants.

Fee: \$35/person

| Code    | Date          | Day/Time                    | Maximum | Registration Deadline |
|---------|---------------|-----------------------------|---------|-----------------------|
| S0305BY | March 5, 2010 | 6:30 p.m. Fr - 8:30 a.m. Sa | 90      | February 19, 2010     |

# HOW TO REGISTER

Registration packets **MUST** be mailed to the address listed below or dropped off at the Education Department. **NO PHONE OR FAXED REGISTRATIONS WILL BE ACCEPTED.**

All registration forms for the group must be mailed together; individual forms will not be accepted. **ONE** payment to cover the total registration fee must accompany the registration forms in order to register your group. Individuals without a completed registration form and paid fee will not be allowed to participate in the program.

Registrations will be accepted up to the registration deadline or until the date is sold out. You may call (314) 646-4544 to check availability of dates. However, we receive registrations on a daily basis and an overnight date with available spaces one day may be sold out the very next day. Do not delay in mailing your registration packet as early as possible.

Please make sure the following items are included before you mail your registrations:

- Completed Group Form (2 pages).
- Completed Household Registration Form for **each Household of Boy Scouts or Girl Scouts and each parent/adult** attending. Make sure all release forms are signed by parent/guardian and/or the adult participant.
- Completed Individual Health History Form for **each Boy Scout or Girl Scout** attending. **DO NOT LIST MORE THAN ONE INDIVIDUAL PER FORM.**
- TOTAL** Payment. Check or Credit Card will be accepted. **ONE** check for the total or **ONE** credit card payment for the total must be enclosed. Do not enclose individual checks. If you choose Credit Card payment, complete all the credit card information on the Group Form.

**Registration Packets must be postmarked September 4, 2009 or after.**

**Registration Packets may be dropped off at the Education Department (Monday-Friday only) September 8, 2009 or after.**

**Mail to:** Snooze at the Zoo  
Saint Louis Zoo  
ATTN: Finance Department  
One Government Drive  
Saint Louis, MO 63110

## REGISTRATION AND CONFIRMATION

Envelopes will be processed as they arrive at the Zoo.

We will verify that all forms (see above) and payment are included in the envelope and are completed correctly.

We will register the group for the first choice if available. If the first choice is not available, we will check the other choices listed. After the group is registered for an overnight, we will process the payment and e-mail a Registration Report and confirmation packet. If you prefer to receive this packet by mail, please check the appropriate box on the Group Registration Form.

If all of your choices are sold out, the Registration Report will indicate that we placed you on the waiting list(s). If a check was enclosed for payment, we will return the un-cashed check to the leader/contact listed.

## CANCELLATIONS / REFUNDS / TRANSFERS

Please notify the Education Department, (314) 646-4544, immediately if you need to cancel or transfer any registration.

**Cancellations/Refunds:** Please notify us at least two weeks prior to the overnight for which you are registered to receive a refund less a \$8 processing fee per person. No refunds are given after the two-week deadline.

**Transfers:** Transfers will only be allowed with prior permission of the Education Department. Two weeks notice is required, an \$8 processing fee per person will apply. *Substitute must be a registered Boy Scout, Girl Scout or adult. A Household Registration Form (boy scout, girl scout or adult) and an Individual Health History Form (boy scout or girl scout only) must be completed for each substitute.*



## Group Registration Form – page 1 Snooze at the Zoo

### STEP 1 Group and Leader Information

Please list only one person. This individual will receive the confirmation packet and/or other correspondence.

Check One:    Webelos    Boy Scouts  
                    Girl Scout Brownies    Girl Scout Juniors    Girl Scout Cadettes (Studio 2B)

Council Name \_\_\_\_\_ Troop # \_\_\_\_\_ Pack # \_\_\_\_\_ Den # \_\_\_\_\_

Leader or Contact Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail address \* \_\_\_\_\_

Your e-mail address may be used to send you information about your Saint Louis Zoo education program. Please check here  if you would like to receive occasional e-mail updates, news and information about other zoo opportunities. We will not sell, trade or exchange your e-mail address with any third parties.

\* Your confirmation packet will be e-mailed to you only.  
 If you prefer a mailing, please check here:  Send Paper Confirmation.

### STEP 2 Choose an Overnight!

*(We will register the group for the first choice if available. If your first choice is not available, we will check the other choices listed. If all of the choices selected are sold out, your fees will be returned).*

Enter the Snooze Code(s):

|                         |   |   |   |   |   |   |   |
|-------------------------|---|---|---|---|---|---|---|
| Sample:                 | S | 0 | 2 | 0 | 6 | Y | G |
| 1 <sup>st</sup> Choice: |   |   |   |   |   |   |   |
| 2 <sup>nd</sup> Choice: |   |   |   |   |   |   |   |
| 3 <sup>rd</sup> Choice: |   |   |   |   |   |   |   |
| 4 <sup>th</sup> Choice: |   |   |   |   |   |   |   |

### STEP 3 Please complete the list of boy scouts or girl scouts and adults attending on page 2.

### STEP 4 Compute the amount due.

Adults \_\_\_\_\_ @ \$35 each = \$ \_\_\_\_\_

Boy Scouts or Girl Scouts \_\_\_\_\_ @ \$35 each = \$ \_\_\_\_\_

**TOTAL AMOUNT DUE = \$ \_\_\_\_\_**

### STEP 5 Choose your Method of Payment.

PLEASE NOTE: *Individual payments will not be accepted. A single check or credit card payment is required for the entire group's total.*

**CREDIT CARD:** Complete the following information.  
 VISA    M/C    DISCOVER    AM. EXPRESS

ACCT NO. \_\_\_\_\_

EXPIRATION DATE (month/year) \_\_\_\_\_/\_\_\_\_\_

CARDHOLDER NAME \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_

**CHECK:** Make check payable to  
*Saint Louis Zoo Education Dept.*

A \$15 fee will be charged for returned checks.

Please include your phone number and address on your check.

### STEP 6 Collect the following materials to be mailed.

- This Group Registration Form completed (**two pages**)
- Household Registration Forms for **each household with a scout and/or a parent/adult attending**
- Individual Health History Forms for **each boy scout or girl scout**
- Single Check or Money Order (**If applicable**)

### STEP 7 Mail all forms and payment\*.

Snooze At The Zoo  
 Saint Louis Zoo  
 ATTN: Finance Department  
 One Government Drive  
 Saint Louis, MO 63110

**\* Registration Packets must be postmarked September 4, 2009 or after. Registration Packets may be dropped off at the Education Department (Monday-Friday only) September 8, 2009 or after.**

## Group Registration Form – page 2

**STEP 3 (continued from page 1):** Please clearly **print** the name of each Boy Scout or Girl Scout attending in the left column. Adults should be listed on the adult lines across from any filled scout/member line. If additional adults wish to attend they should be listed in the section below. We require a minimum of one adult chaperone for every six boy scouts or girl scouts. **For groups of six or less, we require a minimum of two adults.** If the number of boy scouts or girl scouts attending exceeds the spaces below, please make a copy of this form and attach.

### BOY SCOUTS or GIRL SCOUTS

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_
- 11 \_\_\_\_\_
- 12 \_\_\_\_\_
- 13 \_\_\_\_\_
- 14 \_\_\_\_\_
- 15 \_\_\_\_\_
- 16 \_\_\_\_\_
- 17 \_\_\_\_\_
- 18 \_\_\_\_\_
- 19 \_\_\_\_\_
- 20 \_\_\_\_\_
- 21 \_\_\_\_\_
- 22 \_\_\_\_\_
- 23 \_\_\_\_\_
- 24 \_\_\_\_\_

### REQUIRED ADULTS

ADULT 1 \_\_\_\_\_

ADULT 2 \_\_\_\_\_

ADULT 3 \_\_\_\_\_

ADULT 4 \_\_\_\_\_

### ADDITIONAL ADULTS

*While we encourage parental participation in this program please be aware that there is limited space. Additional adults take spaces that could be used for other boy scouts and girl scouts.*

ADULT 5 \_\_\_\_\_

ADULT 6 \_\_\_\_\_

ADULT 7 \_\_\_\_\_

ADULT 8 \_\_\_\_\_

ADULT 9 \_\_\_\_\_

ADULT 10 \_\_\_\_\_



For Office  
Use Only  
A \_\_\_\_\_  
S \_\_\_\_\_

## Household Registration Form - Snooze at the Zoo

Each Scout and each Parent attending from this household must be listed below.

**PLEASE PRINT CLEARLY.**

|                     |                |               |              |
|---------------------|----------------|---------------|--------------|
| <b>Group Leader</b> | <b>Troop #</b> | <b>Pack #</b> | <b>Den #</b> |
|---------------------|----------------|---------------|--------------|

**Parent / Legal Guardian Name**

**Address**  
**(street)** \_\_\_\_\_ **(city)** \_\_\_\_\_ **(state)** \_\_\_\_\_ **(zip+4)** \_\_\_\_\_

**Phone Numbers**  
**Home ( )** \_\_\_\_\_ **Work or Pager ( )** \_\_\_\_\_ **Cell ( )** \_\_\_\_\_

### Household Participants

Please list each participant from the household (each scout also needs to complete a Individual Health History Form).

**Scout Participant** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Scout Participant** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Parent/Adult Participant(s)** \_\_\_\_\_

### Terms and Conditions

#### Claims Release

I, on behalf of myself and my family, recognize and acknowledge the risk existing as participant(s) in a Saint Louis Zoo program or activity. I fully and unconditionally release the Saint Louis Zoo, all associates and/or assigns from any and all claims for personal injury and/or property damage. I voluntarily declare this release to be my full acknowledgement to relinquish all rights for any and all injury and/or property damage resulting from participation in Zoo programs or activities. Photos taken by the Saint Louis Zoo staff during any program or activity are property of the Zoo and may be used for public relations purposes related to the Zoo.

Signature of **Parent/Guardian**: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of **Adult Participant**: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of **Adult Participant**: \_\_\_\_\_ Date: \_\_\_\_\_

#### Medical Consent

**In case of medical emergency**, I understand that when medically feasible, an effort will be made to contact a parent or guardian, but in the event one is not reached or if it is not medically feasible to contact me, I hereby give permission for my child to be treated.

Signature of **Parent/Guardian**: \_\_\_\_\_ Date: \_\_\_\_\_

### Health History

Because Snooze at the Zoo is an overnight event, we require the following health information in case of an emergency. If necessary, participants will be taken to the nearest hospital. At no point will the information be used in a discriminatory fashion. For all boy scouts and girl scouts, a parent or guardian should complete the information below and the separate "Individual Health History Form." Your cooperation is appreciated.

|   |                           |                          |
|---|---------------------------|--------------------------|
| <b>Family medical/hospital insurance carrier:</b> | <b>Policy or Group #:</b> | <b>Exchange Phone #:</b> |
| <b>Name of family physician:</b>                  | <b>Phone #:</b>           | <b>Exchange Phone #:</b> |

**What do I do with this form?** Please return this completed form to your leader. The registration forms for the Pack, Den or Troop must be mailed together; individual forms will not be accepted.

**How do I pay?** Please pay your leader for the overnight. The leader must send ONE payment to the Zoo for all the participants.

**What if I need to cancel?** Please contact your leader. A refund, less an \$8 processing fee, will be given if the Zoo is contacted at least two weeks prior to the overnight.



# Saint Louis Zoo

Animals Always®

## Individual Health History Form - Snooze at the Zoo

Each Boy Scout or Girl Scout Must Have a Completed Individual Health History Form.

Participant Name (list one person only) \_\_\_\_\_  
 Parent/Legal Guardian Name (for participants under 18) \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_  
 Business Phone or Pager (\_\_\_\_) \_\_\_\_\_  
 Cell Phone (\_\_\_\_) \_\_\_\_\_

In the event consent is needed for medical care on a non-emergency basis or for other matters and I cannot be reached, the following person is authorized to act on my behalf.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_  
 Business Phone or Pager (\_\_\_\_) \_\_\_\_\_  
 Cell Phone (\_\_\_\_) \_\_\_\_\_

### Part 1: Illnesses and Injuries (Check those that apply):

Chronic or recurring illness: \_\_\_\_\_  
 Date of your child's last exam: \_\_\_\_\_

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Seizures             | <input type="checkbox"/> Kidney Disease             |
| <input type="checkbox"/> Hypertension          | <input type="checkbox"/> Musculoskeletal disorders | <input type="checkbox"/> Heart Disease/Defect | <input type="checkbox"/> Bleeding/Clotting Disorder |
| <input type="checkbox"/> Other (specify) _____ |  |   |   |

#### Yes No

- Were any complicating medical problems noted in your child's last examination?  
  Is your child currently under a physician's care for a medical problem?

Since your child's last health exam, has she had:

- a serious injury requiring medical attention?  
  an illness lasting more than five days?  
  a surgical operation or fracture?  
  medication prescribed by a physician to be taken on a regular basis?  
  treatment in a hospital as an in-patient or in the emergency room?  
  any restrictions concerning physical activities?

Please explain any "yes" answers to the above questions. Include dates:

### Part 2: Allergies (Check those that apply. Specify causal agent and nature of reactions.):

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Animals _____ | <input type="checkbox"/> Food _____   | <input type="checkbox"/> Medicine/Drugs _____ |
| <input type="checkbox"/> Plants _____  | <input type="checkbox"/> Pollen _____ | <input type="checkbox"/> Other _____          |

What actions should be taken?

### Part 3: Other Health Conditions (check those that apply):

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> bedwetting         | <input type="checkbox"/> sickle cell trait/disease | <input type="checkbox"/> nosebleeds                   | <input type="checkbox"/> motion sickness        |
| <input type="checkbox"/> fainting           | <input type="checkbox"/> hearing impairment        | <input type="checkbox"/> special dietary requirements | <input type="checkbox"/> wears glasses/contacts |
| <input type="checkbox"/> sleep disturbances | <input type="checkbox"/> emotional disturbances    | <input type="checkbox"/> orthodontic appliances       | <input type="checkbox"/> other (specify)        |

Please explain, indicating any information useful to the adult in charge in relation to any of the above health conditions. Indicate any actions to be taken, if needed:

Please list any immunizations that are not up-to-date:

Please note any other information that would be useful to a treating physician in case of an emergency: