



## SNOOZE AT THE ZOO – SUMMER 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 packs/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! An evening snack and breakfast are provided. Snooze at the Zoo T-shirts will be available for purchase.

For more program information on our Snooze at the Zoo overnights, call Keri Lammering, Overnight Programs Coordinator, at (314) 646-4614 or e-mail at [klammering@stlzoo.org](mailto:klammering@stlzoo.org).

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).

### Cub Scouts/Webelos Snooze at the Zoo Nocturnal Safari

Come spend a night at the Zoo while you complete some of your Outdoor Activity Award requirements. The Zoo is an amazing place to be at night. You will discover what it takes to be a nocturnal animal as you explore the Zoo at night, see and touch live animals, and “become “ a nocturnal animal trying to survive. Have you ever been in your sleeping bag and heard a peacock call, a sea lion bark, or a lion roar?! This is scout camp-out you don't want to miss. This is an exciting chance to see the Zoo animals active at night, sleep outside under the stars (weather permitting), and meet scouts from around the area.

Who registers: Tiger, Wolf, Bear and Webelos packs or dens with adult leaders or parents.

Maximum: 80 participants.

Fee: \$35/person

Code	Date	Day/Time	Payment By <u>Check</u> - Registration Deadline	Payment by <u>Credit Card</u> - Registration Deadline
S0626CB	June 26, 2010	6 p.m. Sa - 8:30 a.m. Su	<b>June 4, 2010</b>	June 11, 2010
S0717CB	July 17, 2010	6 p.m. Sa - 8:30 a.m. Su	<b>June 25, 2010</b>	July 2, 2010
S0730CB	July 30, 2010	6 p.m. Fr - 8:30 a.m. Sa	<b>July 9, 2010</b>	July 16, 2010
S0814CB	Aug. 14, 2010	6 p.m. Sa - 8:30 a.m. Su	<b>July 23, 2010</b>	July 30, 2010

## Girl Scout Brownies Snooze at the Zoo Watching Wildlife Try-It

Come spend a night at the Saint Louis Zoo and earn your Watching Wildlife Try-it! Your adventure will include digging in the dirt to find some of our animal friends, discovering who is eating your lunch crumbs, and touching live animals. This is an exciting chance to see the Zoo animals active at night, sleep outside under the stars (weather permitting), and meet scouts from around the area.

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

Maximum: 80 participants.

Fee: \$35/person

<b>Code</b>	<b>Date</b>	<b>Day/Time</b>	<b>Payment By <u>Check</u> - Registration Deadline</b>	<b>Payment by <u>Credit Card</u> - Registration Deadline</b>
S0709BR	July 9, 2010	6:30 p.m. F – 8:30 a.m. Sa	<b>June 18, 2010</b>	June 25, 2010
S0807BR	Aug. 7, 2010	6:30 p.m. Sa – 8:30 a.m. Su	<b>July 16, 2010</b>	July 23, 2010

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

Come spend a night at the Saint Louis Zoo and earn your Wildlife badge! You will explore wildlife that lives in your backyard and wildlife from around the world. Your exploration will include touching live animals and using some special equipment to help you get a closer look at your animal friends. This is an exciting chance to see the Zoo animals active at night, sleep outside under the stars (weather permitting), and meet scouts from around the area.

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

Maximum: 80 participants.

Fee: \$35/person

<b>Code</b>	<b>Date</b>	<b>Day/Time</b>	<b>Payment By <u>Check</u> - Registration Deadline</b>	<b>Payment by <u>Credit Card</u> - Registration Deadline</b>
S0612JR	June 12, 2010	6:30 p.m. Sa - 8:30 a.m. Su	<b>May 21, 2010</b>	May 28, 2010
S0723JR	July 23, 2010	6:30 p.m. Fr - 8:30 a.m. Sa	<b>July 2, 2010</b>	July 9, 2010
S0813JR	Aug. 13, 2010	6:30 p.m. Fr - 8:30 a.m. Sa	<b>July 23, 2010</b>	July 30, 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 listed 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 many available spaces one day may be sold out the very next day. **PLEASE** mail 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 forms are signed by parent/guardian and/or the adult participant. The forms must contain the original signature. Do NOT send photocopies or faxed forms. The original signatures must be on all forms.
- 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 March 31, 2010 or after.**

**Registration Packets may be dropped off at the Education Department (Monday-Friday only) April 1, 2010 or after.**

**Mail to:** Snooze at the Zoo  
Saint Louis Zoo - Finance Dept.  
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.

The confirmation packet will include information for your group, emergency contact information, lists of what to bring (and not to bring), and more.

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 of 2 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:    Tiger Cubs    Wolf Cubs    Bear Cubs    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:							

### 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 March 31, 2010 or after. Registration Packets may be dropped off at the Education Department (Monday-Friday only) April 1, 2010 or after.**

## Group Registration Form – page 2 of 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 Programs

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

**PLEASE PRINT CLEARLY.**

Leader or Contact Name \_\_\_\_\_ Troop # \_\_\_\_\_ Pack # \_\_\_\_\_ Den # \_\_\_\_\_

Parent / Legal Guardian Name \_\_\_\_\_

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

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

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.

### Household Participants

Please list each person from the household attending.

Scout Participant #1 \_\_\_\_\_

Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Scout Participant #2 \_\_\_\_\_

Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent Participant #1 \_\_\_\_\_

Parent Participant #2 \_\_\_\_\_

### Terms and Conditions

The parent and each adult participant must sign for themselves.

#### 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.

#### Scout Participant #1 and #2:

\_\_\_\_\_  
Signature of Parent/Legal Guardian / Date

\_\_\_\_\_  
Signature – Parent/Adult Participant #1 / Date

\_\_\_\_\_  
Signature – Parent/Adult Participant #2 / 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.

For Scout Participants #1 and #2 \_\_\_\_\_  
Signature of Parent/Legal Guardian / Date

### Health History

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.

Family medical/hospital insurance carrier:	Policy or Group #:	Exchange Phone #:
Name of family physician:	Phone #:	Exchange Phone #:

**What do I do with this form?** Please return the completed form with original signatures to your leader. The forms cannot be faxed or photocopied. 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 program. 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 program.



# 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: