



SCOUT SNOOZE AT THE ZOO Fall 2019-Spring 2020

Snooze at the Zoo is a unique overnight program just for 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 live animals and participate in fun hands-on activities. Snooze at the Zoo T-shirts will be available for purchase.

Please direct registration questions to the Saint Louis Zoo's Education Department at (314) 646-4544, #6, Monday to Friday, from 8:00 a.m. to 5:00 p.m. or e-mail at onlineregistration@stlzoo.org

For program information on our Snooze at the Zoo overnights, contact the overnight staff, at (314) 646-4614 or e-mail at overnights@stlzoo.org

WHO MAY REGISTER?

- Girl Scout Brownies in grades 2nd – 3rd and their adult chaperones.
- Girl Scout Juniors in grades 4th – 5th and their adult chaperones.
- Girl Scout Cadettes in grades 6th and up and their adult chaperones.
- Cub Scouts (Tiger, Wolf, and Bear) in grades 1st - 3rd and Webelos in grades 4th – 5th and their adult chaperones.

NO siblings are allowed to attend.

Due to space limitations, the number of adults with your group cannot exceed the number of scouts with your group.

DATES OFFERED

Please see our website for the complete listing of dates available:

<http://www.stlzoo.org/education/programsforscoutsoryouthgr/>

SNOOZE DESCRIPTION

We Care: WildCare

Have you heard that the Zoo has taken on saving even more species this year? We have expanded our conservation program, called our WildCare Institute, to help some new cool and unique animals. Come learn all about these endangered species and what the Zoo is doing to help them both here and in the wild!

Overnight evening activities will include rotations through exciting activities, an evening pizza snack (with a soft drink), and a night hike around Zoo grounds. The morning portion of the overnight adventure includes a continental breakfast, a morning stroll around Zoo grounds to see the animals wake up, a souvenir Zoo patch and glow-in-the-dark overnight cup!

Check in: 6:30 p.m. / Check out: 8:30 a.m.

Fee: \$40/person

Maximum: 60 participants (per date).

Cub Scout (Tiger, Wolf, Bear and Webelos)

Who registers: Scout Pack/Dens with adult chaperones
 Fee: \$40/person

Date	Days	Registration Deadline	
		<u>Check Payment</u>	<u>Credit Card Payment</u>
November 1, 2019	Fr - Sa	October 3, 2019	October 17, 2019
January 18, 2020	Sa - Su	December 20, 2019	January 3, 2020
February 15, 2020	Sa - Su	January 17, 2020	January 31, 2020
March 28, 2020	Sa - Su	February 28, 2020	March 13, 2020
April 17, 2020	Fr - Sa	March 19, 2020	April 2, 2020

Girl Scout Brownies

Who registers: Girl Scout Brownie troops with adult chaperones
 Fee: \$40/person

Date	Days	Registration Deadline	
		<u>Check Payment</u>	<u>Credit Card Payment</u>
November 2, 2019	Sa - Su	October 4, 2019	October 18, 2019
November 8, 2019	Fr - Sa	October 10, 2019	October 24, 2019
January 17, 2020	Fr - Sa	December 19, 2019	January 2, 2020
February 1, 2020	Sa - Su	January 3, 2020	January 17, 2020
March 7, 2020	Sa - Su	February 7, 2020	February 21, 2020
March 13, 2020	Fr - Sa	February 13, 2020	February 27, 2020
April 10, 2020	Fr - Sa	March 12, 2020	March 26, 2020
April 25, 2020	Sa - Su	March 27, 2020	April 10, 2020

Girl Scout Juniors (4-5th)

Who registers: Girl Scout Junior troops with adult chaperones
 Fee: \$40/person

Date	Days	Registration Deadline	
		<u>Check Payment</u>	<u>Credit Card Payment</u>
October 11, 2019	Fr - Sa	September 12, 2019	September 26, 2019
November 9, 2019	Sa - Su	October 11, 2019	October 25, 2019
January 24, 2020	Fr - Sa	December 26, 2019	January 9, 2020
February 8, 2020	Sa - Su	January 10, 2020	January 24, 2020
March 6, 2020	Fr - Sa	February 6, 2020	February 20, 2020
April 3, 2020	Fr - Sa	March 5, 2020	March 19, 2020
April 18, 2020	Sa - Su	March 20, 2020	April 3, 2020

Girl Scout Cadettes

Who registers: Girl Scout Cadette troops with adult chaperones
 Fee: \$40/person

Date	Days	Registration Deadline	
		<u>Check Payment</u>	<u>Credit Card Payment</u>
February 28, 2020	Fr - Sa	January 30, 2020	February 13, 2020
March 21, 2020	Sa - Su	February 21, 2020	March 6, 2020
April 4, 2020	Sa - Su	March 6, 2020	March 20, 2020

Mixed Troops of Girl Scout Brownies, Juniors and Cadettes

Who registers: Girl Scout Mixed troops (Brownies, Juniors, Cadettes) with adult chaperones
 Fee: \$40/person

Date	Days	Registration Deadline	
		<u>Check Payment</u>	<u>Credit Card Payment</u>
January 25, 2020	Sa - Su	December 27, 2019	January 10, 2020
March 14, 2020	Sa - Su	February 14, 2020	February 28, 2020

HOW TO REGISTER

Registrations will be accepted up to the registration deadline listed or until the date is sold out. You may call (314) 646-4544, #6 to check availability of dates. **Remember that we receive registrations daily 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.

NO PHONE, FAXED OR E-MAILED 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.

Due to space limitations, the number of adults registered with your group cannot exceed the number of scouts registering with your group.

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

- Completed Group Form (2 pages) which lists the leader or contact person, list of participants, date choice(s) and payment.
- Completed Household Registration Form for each Household – **one or two scouts with parent** listed if attending. Make sure all forms are signed by the parent/guardian and all adult (parent) participants. ***The forms must contain the original signatures.*** Please do *NOT* send photocopied, emailed or faxed forms - the original signatures must be on all of your forms.
- Completed Individual Health History Form for **each scout** attending. Do not list more than one scout 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 the credit card information on the Group Form.

Registration Packets may be dropped off at the Education Department (Monday-Friday only) or may be mailed 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 the confirmation materials. If you prefer to receive the confirmation and logistics packet by mail, please check the appropriate box on the Group Registration Form.

The confirmation materials will include a Registration Report confirming the date and number of participants and the logistics packet will include information for your group, emergency contact information at the Zoo, 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, #6, 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 an \$8 processing fee per person. No refunds are given after the two-week deadline.

We reserve the right to cancel a program due to low enrollment or extreme weather conditions (full refund will be issued).

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 Scout in your Troop, Pack or Den, or an adult. A Household Registration Form and an Individual Health History Form (scout only) must be completed for each substitute.*



Group Registration Form – page 1 of 2

Snooze at the Zoo

STEP 1 Group / Leader Information

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

Check Level: Tiger Cub Scouts Bear Cub Scouts Wolf Cub Scouts Webelos
 Girl Scout Brownies Girl Scout Juniors Girl Scout Cadettes

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 Please clearly print the name of each Boy Scout or Girl Scout and each adult attending.

PLEASE NOTE: • A Household Registration Form (with original signatures) is required for each Scout household (with parent listed if attending) • An Individual Health History Form is required for each scout

Please List ALL SCOUTS Attending

1 _____	R <input type="checkbox"/>	H <input type="checkbox"/>	13 _____	R <input type="checkbox"/>	H <input type="checkbox"/>
2 _____	R <input type="checkbox"/>	H <input type="checkbox"/>	14 _____	R <input type="checkbox"/>	H <input type="checkbox"/>
3 _____	R <input type="checkbox"/>	H <input type="checkbox"/>	15 _____	R <input type="checkbox"/>	H <input type="checkbox"/>
4 _____	R <input type="checkbox"/>	H <input type="checkbox"/>	16 _____	R <input type="checkbox"/>	H <input type="checkbox"/>
5 _____	R <input type="checkbox"/>	H <input type="checkbox"/>	17 _____	R <input type="checkbox"/>	H <input type="checkbox"/>
6 _____	R <input type="checkbox"/>	H <input type="checkbox"/>	18 _____	R <input type="checkbox"/>	H <input type="checkbox"/>
7 _____	R <input type="checkbox"/>	H <input type="checkbox"/>	19 _____	R <input type="checkbox"/>	H <input type="checkbox"/>
8 _____	R <input type="checkbox"/>	H <input type="checkbox"/>	20 _____	R <input type="checkbox"/>	H <input type="checkbox"/>
9 _____	R <input type="checkbox"/>	H <input type="checkbox"/>	21 _____	R <input type="checkbox"/>	H <input type="checkbox"/>
10 _____	R <input type="checkbox"/>	H <input type="checkbox"/>	22 _____	R <input type="checkbox"/>	H <input type="checkbox"/>
11 _____	R <input type="checkbox"/>	H <input type="checkbox"/>	23 _____	R <input type="checkbox"/>	H <input type="checkbox"/>
12 _____	R <input type="checkbox"/>	H <input type="checkbox"/>	24 _____	R <input type="checkbox"/>	H <input type="checkbox"/>

Please List ALL ADULTS Attending

- 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.**
- *Due to space limitations, the number of adults with your group cannot exceed the number of scouts with your group.*

1 _____	R <input type="checkbox"/>		6 _____	R <input type="checkbox"/>	
2 _____	R <input type="checkbox"/>		7 _____	R <input type="checkbox"/>	
3 _____	R <input type="checkbox"/>		8 _____	R <input type="checkbox"/>	
4 _____	R <input type="checkbox"/>		9 _____	R <input type="checkbox"/>	
5 _____	R <input type="checkbox"/>		10 _____	R <input type="checkbox"/>	

Group Registration Form – page 2 of 2

STEP 3 Choose a Snooze date!

(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 check will be returned or your credit card will not be charged).

Check one or list 1st, 2nd Choice:

Only list additional choices (2nd, 3rd or 4th) if your group is definitely available!

	Fall 2019	January 2020	February 2020	March 2020	April 2020
Girl Scout Brownies	<input type="checkbox"/> November 2	<input type="checkbox"/> January 17	<input type="checkbox"/> February 1	<input type="checkbox"/> March 7	<input type="checkbox"/> April 10
	<input type="checkbox"/> November 8			<input type="checkbox"/> March 13	<input type="checkbox"/> April 25
Girl Scout Juniors	<input type="checkbox"/> October 11	<input type="checkbox"/> January 24	<input type="checkbox"/> February 8	<input type="checkbox"/> March 6	<input type="checkbox"/> April 3
	<input type="checkbox"/> November 9				<input type="checkbox"/> April 18
Girl Scout Cadettes			<input type="checkbox"/> February 28	<input type="checkbox"/> March 21	<input type="checkbox"/> April 4
Girl Scouts – Mixed		<input type="checkbox"/> January 25		<input type="checkbox"/> March 14	
Cub Scouts	<input type="checkbox"/> November 1	<input type="checkbox"/> January 18	<input type="checkbox"/> February 15	<input type="checkbox"/> March 28	<input type="checkbox"/> April 17

STEP 4 Compute the amount due.

Number of Adults	_____	@ \$40 each =	\$ _____
Number of Boy Scouts or Girl Scouts	_____	@ \$40 each =	\$ _____
TOTAL AMOUNT DUE =			\$ _____

STEP 5 Collect the following materials to be mailed.

- This Group Registration Form completed (**two pages**)
- Household Registration Form (with original signatures) for **each household with a scout and/or adult attending**
- Individual Health History Form for **each scout**
- Check (**if applicable**)

STEP 6 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.*

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

A fee will be charged for returned checks.
Please include your phone number and address on your check.

CREDIT CARD: We accept VISA, M/C, DISCOVER, AM. EXPRESS

CARDHOLDER SIGNATURE

CARDHOLDER NAME

BILLING ADDRESS: _____ STREET

BILLING ADDRESS: CITY STATE ZIP

CARDHOLDER PHONE NUMBER

ACCOUNT NUMBER

EXP. DATE

STEP 7 Mail forms and payment to:

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

***Your Registration Packet
(including ALL completed forms
and FULL payment) must be
received by the registration
deadline listed in the packet.***



Household Registration Form Snooze at the Zoo

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 the scout(s) and parents from the household attending.

Scout

Participant #1 _____

Grade _____ Birth Date _____

Scout

Participant #2 _____

Grade _____ Birth Date _____

Parent Signature Required →

If one (or two) parents are attending, please list name(s) below. Each parent must sign the Claims Release for themselves.

Parent / Adult

Participant #1 _____

Print Name Here

Adult Signature Required if attending →

Parent / Adult

Participant #2 _____

Print Name Here

Adult Signature Required if attending →

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.

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/Legal Guardian for Scout Participant(s) / Date

Signature – Parent Participant #1 / Date

Signature – Parent Participant #2 / Date

What do I do with this form? Please return the completed form with **original signatures** to your leader. **DO NOT FAX or EMAIL** it to your leader. We cannot accept electronic copies of your signature. The registration forms for the Pack, Den or Troop must be mailed together; individual forms will not be accepted.

How do I pay? Please arrange payment with your leader. 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.



Each Scout Must Have a Completed Individual Health History Form.

Participant Name (list one scout only) _____

Check One: **Tiger Cub Scout** **Bear Cub Scout** **Wolf Cub Scout** **Webelos**
 Girl Scout Brownies **Girl Scout Juniors** **Girl Scout Cadettes**

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

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.):

Animals _____ **Food** _____ **Medicine/Drugs** _____

Plants _____ **Pollen** _____ **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)

fainting

sleep disturbances

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: