

## SCOUT SNOOZE AT THE ZOO

### Fall 2025 – Spring 2026

Snooze at the Zoo is a unique overnight program just for Girl Scouts and Cub 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. The popular night hike tops off our evening (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.

Please direct registration questions to the Saint Louis Zoo's Education Department at (314) 646-4544, #6, Monday to Friday, from 9 a.m. to 3 p.m. or e-mail [onlineregistration@stlzoo.org](mailto:onlineregistration@stlzoo.org)

For more program information on our Snooze at the Zoo overnights, contact the overnight staff, at (314) 646-4961 or e-mail [overnights@stlzoo.org](mailto: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 Mixed Troops and their adult chaperones.
- Cub Scouts (Tiger, Wolf, and Bear) in grades 1st - 3rd and Webelos entering grades 4th – 5th and their adult chaperones.

*NO siblings are allowed to attend.*

*Due to space limitations, the number of adults cannot exceed the number of scouts.*

## SNOOZE DESCRIPTION

### Cub Scouts, Webelos, Girl Scout Brownies, Juniors and Cadettes

#### ZSI (Zoo Scene Investigation)

A caper has been pulled by animals here at the Zoo and your job is to figure out who did it. You will learn all about how animal scientists track animals using footprints, teeth imprints, and even some tiny clues that will need to be seen under a microscope. So come spend an evening following the clues to solve this “who done it” style animal mystery.

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, a souvenir Zoo patch and glow-in-the-dark overnight cup!

## Girl Scout Brownies

Maximum: 60 participants

Who registers: Girl Scouts in 2<sup>nd</sup>-3<sup>rd</sup> grades with adult chaperones

Fee: \$55/person

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

Date	Days	Registration Deadline	
		<u>Check Payment</u>	<u>Credit Card Payment</u>
November 1, 2025	Sa – Su	<b>Oct 3, 2025</b>	Oct 17, 2025
January 24, 2026	Sa – Su	<b>Dec 23, 2025</b>	Jan 9, 2026
February 14, 2026	Sa – Su	<b>Jan 16, 2026</b>	Jan 30, 2026
March 7, 2026	Sa – Su	<b>Feb 6, 2026</b>	Feb 20, 2026
March 27, 2026	Fr – Sa	<b>Feb 27, 2026</b>	Mar 13, 2026
April 17, 2026	Fr – Sa	<b>Mar 20, 2026</b>	Apr 3, 2026

## Girl Scout Juniors

Maximum: 60 participants

Who registers: Girl Scouts in 4<sup>th</sup>-5<sup>th</sup> grades with adult chaperones

Fee: \$55/person

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

Date	Days	Registration Deadline	
		<u>Check Payment</u>	<u>Credit Card Payment</u>
November 7, 2025	Fr – Sa	<b>Oct 10, 2025</b>	Oct 24, 2025
February 21, 2026	Sa – Su	<b>Jan 23, 2026</b>	Feb 6, 2026
March 13, 2026	Fr – Sa	<b>Feb 13, 2026</b>	Feb 27, 2026
April 11, 2026	Sa – Su	<b>Mar 13, 2026</b>	Mar 27, 2026
April 24, 2026	Fr – Sa	<b>Mar 27, 2026</b>	Apr 10, 2026

## Girl Scout – Mixed Troops

Maximum: 60 participants

Who registers: Girl Scout Brownies, Juniors, Cadettes with adult chaperones

Fee: \$55/person

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

Date	Days	Registration Deadline	
		<u>Check Payment</u>	<u>Credit Card Payment</u>
November 21, 2025	Fr – Sa	<b>Oct 24, 2025</b>	Nov 7, 2025
February 6, 2026	Fr – Sa	<b>Jan 9, 2026</b>	Jan 23, 2026
March 28, 2026	Sa – Su	<b>Feb 27, 2026</b>	Mar 13, 2026
April 25, 2026	Sa – Su	<b>Mar 27, 2026</b>	Apr 10, 2026

## Cub Scout (Tiger, Wolf, Bear and Webelos)

Maximum: 60 participants

Who registers: Scout Pack/Dens in 1<sup>st</sup>-5<sup>th</sup> grades with adult chaperones

Fee: \$55/person

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

Date	Days	Registration Deadline	
		<u>Check Payment</u>	<u>Credit Card Payment</u>
November 15, 2025	Sa – Su	<b>Oct 17, 2025</b>	Oct 31, 2025
January 30, 2026	Fr – Sa	<b>Jan 2, 2026</b>	Jan 16, 2026
March 6, 2026	Fr – Sa	<b>Feb 6, 2026</b>	Feb 20, 2026
April 10, 2026	Fr – Sa	<b>Mar 13, 2026</b>	Mar 27, 2026

## 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 (required at the time of registration). 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 should be mailed to:**

Snooze at the Zoo  
Saint Louis Zoo - Education 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.

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 the 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, a 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.*

### 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.

### 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, you will be placed on the waitlist(s).*

**Check one or list 1<sup>st</sup>, 2<sup>nd</sup> Choice:**

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

Girl Scout Brownies	<input type="checkbox"/> Nov 1-2	<input type="checkbox"/> Jan 24-25	<input type="checkbox"/> Feb 14-15	<input type="checkbox"/> Mar 7-8 <input type="checkbox"/> Mar 27-28	<input type="checkbox"/> Apr 17-18
Girl Scout Juniors	<input type="checkbox"/> Nov 7-8		<input type="checkbox"/> Feb 21-22	<input type="checkbox"/> Mar 13-14	<input type="checkbox"/> Apr 11-12 <input type="checkbox"/> Apr 24-25
Girl Scout Mixed Troop	<input type="checkbox"/> Nov 21-22		<input type="checkbox"/> Feb 6-7	<input type="checkbox"/> Mar 28-29	<input type="checkbox"/> Apr 25-26
Cub Scouts	<input type="checkbox"/> Nov 15-16	<input type="checkbox"/> Jan 30-31		<input type="checkbox"/> Mar 6-7	<input type="checkbox"/> Apr 10-11

### STEP 4 Compute the amount due.

**Number of Adults** \_\_\_\_\_ @ \$55 each = \$\_\_\_\_\_

**Number of Scouts** \_\_\_\_\_ @ \$55 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**
- ☐ Payment

### STEP 6 Payment (Required at the time of registration)

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 \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

EXP. DATE \_\_\_\_\_

CVV/CVC # \_\_\_\_\_

### STEP 7 Mail forms and payment to:

Snooze Registration  
Saint Louis Zoo  
ATTN: Education 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.***



**Saint Louis Zoo**  
Animals Always®

## 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 #1

Full Name \_\_\_\_\_

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

#### Scout #2

Full Name \_\_\_\_\_

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

*If one (or two) parents are attending, please list name(s) below*

#### Parent / Adult

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

*Print Name Here*

#### Parent / Adult

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

*Print Name Here*

**Parent/Adult Signature Required →**

### 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 have read the Sickness/Illness Guidelines for in-person programs and agree that myself and all of my family members are in compliance. 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 emergency, I understand that every effort will be made to reach me, followed by the emergency contact. In the event that neither I, nor my emergency contact can be reached, I give my consent for my child to be taken to the nearest appropriate hospital for immediate care.

**Signature – Parent / Adult Participant / 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 the 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 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 (\_\_\_\_)** \_\_\_\_\_

**Work Phone (\_\_\_\_)** \_\_\_\_\_

**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 (\_\_\_\_)** \_\_\_\_\_

**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.):**

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