

SCOUT SNOOZE AT THE ZOO Summer 2025

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 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 online.

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 at onlineregistration@stlzoo.org.

For more program information on our Snooze at the Zoo overnights, contact the overnight staff, at overnights@stlzoo.org or call (314) 646-4961.

WHO MAY REGISTER?

- Girl Scout Brownies entering grades 2nd – 3rd and their adult chaperones.
- Girl Scout Juniors entering grades 4th – 5th and their adult chaperones.
- Cub Scouts (Tiger, Wolf, and Bear) entering 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

Mission ZooPossible

Your mission, if you choose to accept it, is to spend the evening at the Zoo and help us save our native animals. You will embark on four missions around the Zoo grounds, each designed to save a different type of animal, from frogs to butterflies. Each mission will also teach you a valuable lesson about how to take these techniques home to help animals in your backyard or neighborhood. By the end of the evening you will have all the skills and materials needed to make your yard a certified wildlife habitat. Saving animals is “Zoopossible” with your help!

Overnight evening activities will include rotations through exciting activities, an evening snack and beverage, and a flashlight tour 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!

Cub Scout (Tiger, Wolf, Bear and Webelos)

Maximum: 60 participants

Who registers: Scout Pack/Dens entering 1st-5th 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>
June 28, 2025	Sa – Su	June 2, 2025	June 16, 2025

Girl Scout Brownies

Maximum: 60 participants.

Who registers: Girl Scouts entering 2nd-3rd 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>
June 7, 2025	Sa – Su	May 12, 2025	May 27, 2025
July 11, 2025	Fr – Sa	June 16, 2025	June 30, 2025
August 1, 2025	Fr – Sa	July 7, 2025	July 21, 2025

Girl Scout Juniors

Maximum: 60 participants.

Who registers: Girl Scouts entering 4th-5th 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>
June 13, 2025	Fr – Sa	May 19, 2025	June 2, 2025
July 19, 2025	Sa – Su	June 23, 2025	July 7, 2025
August 2, 2025	Sa – Su	July 7, 2025	July 21, 2025

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 an \$11 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 \$11 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 Summer 2025

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

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, your fees will be returned).

Check one or list 1st, 2nd Choice:

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

Girl Scout Brownies	<input type="checkbox"/> June 6-7	<input type="checkbox"/> July 11-12	<input type="checkbox"/> August 1-2
Girl Scout Juniors	<input type="checkbox"/> June 13-14	<input type="checkbox"/> July 19-20	<input type="checkbox"/> August 2-3
Cub Scouts	<input type="checkbox"/> June 28-29		

STEP 4 Compute the amount due.

Number of Scouts _____ @ \$55 each = \$ _____

Number of Adults _____ @ \$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**
- Check or Money Order (**If applicable**)

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

ACCOUNT 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.***



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 _____

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 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 by 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.

Parent Signature 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 the 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) _____

Cell Phone (____) _____

Home Phone (____) _____

Work 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:** _____

Cell Phone (____) _____

Home Phone (____) _____

Work 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)

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: