



**Saint Louis Zoo**  
Animals Always®

## SCOUT SNOOZE AT THE ZOO Fall 2023 – Spring 2024

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 at [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 at [overnights@stlzoo.org](mailto:overnights@stlzoo.org)

## 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.
- Girl Scout Cadettes entering grades 6th and up and their adult chaperones.
- Girl Scout Mixed Troops 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 with your group cannot exceed the number of scouts with your group.*

## SNOOZE DESCRIPTION

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

### Backyard Bonanza

The Saint Louis Zoo is committed to conserving animals from all over the world, including the ones living in our own backyards! From songbirds to spring peepers, the Zoo's WildCare Institute helps to protect many animals found right here in Missouri and other parts of North America. Come discover how we can all make a difference for the animals that share our homes!

Overnight evening activities will include rotations through exciting activities, an evening snack, 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!

## 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: \$50/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 17, 2023	Fr – Sa	<b>Oct 20, 2023</b>	Nov 3, 2023
January 19, 2024	Fr – Sa	<b>Dec 22, 2023</b>	Jan 5, 2024
February 10, 2024	Sa – Su	<b>Jan 12, 2024</b>	Jan 26, 2024
March 8, 2024	Fr – Sa	<b>Feb 9, 2024</b>	Feb 23, 2024
April 27, 2024	Sa – Su	<b>Mar 29, 2024</b>	Apr 12, 2024

## Girl Scout Brownies

Maximum: 60 participants

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

Fee: \$50/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 3, 2023	Fr – Sa	<b>Oct 6, 2023</b>	Oct 20, 2023
January 27, 2024	Sa – Su	<b>Dec 29, 2023</b>	Jan 12, 2024
February 16, 2024	Fr – Sa	<b>Jan 19, 2024</b>	Feb 2, 2024
March 23, 2024	Sa – Su	<b>Feb 23, 2024</b>	Mar 8, 2024
April 5, 2024	Fr – Sa	<b>Mar 8, 2024</b>	Mar 22, 2024
April 20, 2024	Sa – Su	<b>Mar 22, 2024</b>	Apr 5, 2024

## Girl Scout Juniors

Maximum: 60 participants

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

Fee: \$50/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 10, 2023	Fr – Sa	<b>Oct 13, 2023</b>	Oct 27, 2023
January 20, 2024	Sa – Su	<b>Dec 22, 2023</b>	Jan 5, 2024
February 24, 2024	Sa – Su	<b>Jan 26, 2024</b>	Feb 9, 2024
March 15, 2024	Fr – Sa	<b>Feb 16, 2024</b>	Mar 1, 2024
April 13, 2024	Sa – Su	<b>Mar 15, 2024</b>	Mar 29, 2024
April 26, 2024	Fr – Sa	<b>Mar 29, 2024</b>	Apr 12, 2024

## Girl Scout Cadettes

Maximum: 60 participants

Who registers: Girl Scout Cadette troops in 6<sup>th</sup> & up with adult chaperones

Fee: \$50/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 18, 2023	Sa – Su	<b>Oct 20, 2023</b>	Nov 3, 2023
February 2, 2024	Fr – Sa	<b>Jan 5, 2024</b>	Jan 19, 2024
April 19, 2024	Fr – Sa	<b>Mar 22, 2024</b>	Apr 5, 2024

## Girl Scout – Mixed Troops

Maximum: 60 participants

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

Fee: \$50/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>
January 26, 2024	Fr – Sa	<b>Dec 29, 2023</b>	Jan 12, 2024
March 2, 2024	Sa – Su	<b>Feb 2, 2024</b>	Feb 16, 2024

# 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 \$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.*



**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 3-4	<input type="checkbox"/> Jan 27-28	<input type="checkbox"/> Feb 16-17	<input type="checkbox"/> Mar 23-24	<input type="checkbox"/> Apr 5-6 <input type="checkbox"/> Apr 20-21
Girl Scout Juniors	<input type="checkbox"/> Nov 10-11	<input type="checkbox"/> Jan 20-21	<input type="checkbox"/> Feb 24-25	<input type="checkbox"/> Mar 15-16	<input type="checkbox"/> Apr 13-14 <input type="checkbox"/> Apr 26-27
Girl Scout Cadettes	<input type="checkbox"/> Nov 18-19		<input type="checkbox"/> Feb 2-3		<input type="checkbox"/> Apr 19-20
Girl Scout Mixed Troop		<input type="checkbox"/> Jan 26-27		<input type="checkbox"/> Mar 2-3	
Cub Scouts	<input type="checkbox"/> Nov 17-18	<input type="checkbox"/> Jan 19-20	<input type="checkbox"/> Feb 10-11	<input type="checkbox"/> Mar 8-9	<input type="checkbox"/> Apr 27-28

### STEP 4 Compute the amount due.

<b>Number of Adults</b>	_____ @ \$50 each =	\$ _____
<b>Number of Scouts</b>	_____ @ \$50 each =	\$ _____
<b>TOTAL AMOUNT DUE =</b>		<b>\$ _____</b>

### 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

### 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 all the COVID-19 guidelines 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.

**The following applies for In-Person Programs:** Although safety precautions as to your visit are taken by the Saint Louis Zoo, every visitor/program participant is responsible for his or her personal safety and that of children or others under their supervision. In consideration of access to the Zoo, visitors/program participants:

- (a) agree to comply with Zoo policies and instructions, including those on signage
- (b) understand and agree that the novel coronavirus, COVID-19, has recently infected individuals in the St. Louis area, that it is contagious and that it can spread to persons in any number of ways
- (c) agree that they assume responsibility for any injury (including personal injury, disability or death), illness, damage, loss claim, liability, or expense arising out of or related to COVID-19 experienced or contracted in connection with a Zoo visit/program
- (d) that they waive and release all claims against the Zoo and its commissioners, officers, employees, volunteers and agents relative to the foregoing matters and
- (e) that they agree that the Zoo is legally entitled to sovereign immunity regarding to any such claims.

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

**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.):**

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: