

SCOUTING ADVENTURES

Join MNS for our 2010 Boy Scout Sleepovers!

When the lights go out, your imagination comes to life!
A sleepover at the Museum of Nature & Science lets you experience the wonders of the world like never before- with plenty of adventure that unfolds under the cover of night!

**Time:
7pm to
9:30am**

Dates available include:

Boy Scout ONLY Sleepovers	General MNS Sleepovers
Friday, January 29	Friday, November 20
Saturday, February 27	Saturday, November 21
Saturday, March 10	Friday, December 11
Saturday, April 24	Saturday, December 12
	Friday, December 18
	Saturday, December 19

Book your Boy Scout Sleepover today!

To schedule your next Boy Scouting Sleepover Adventure at the Museum of Nature & Science, or for more information, contact Megan Hagenah at 214-428-5555 x1346.

natureandscience.org



Note: Sleepovers must be booked 5 weeks in advance with a deposit. Final payment and paperwork are due 3 weeks in advance.



M U S E U M O F
**NATURE &
SCIENCE**
D A L L A S , T E X A S

Thank you for your interest in the sleepover program at the Museum of Nature and Science. The sleepovers are a fun and educational experience the kids are sure to remember, and include activities and crafts taught by experienced museum staff. Children always love the chance to sleep under the same roof as dinosaurs, ice age animals, and other interesting creatures!

Registration is due five weeks prior to event. Full payment is due by three weeks prior to event.

Please make all registration changes and additions by the time you send in your payment.

Please return the following at least 3 weeks prior to your event to the address below:

- Group Registration form
- Medical releases for adults and children
- Signed copy of the Policies and Procedures form
- Check for remaining balance. Payment must be made with one check per group. Please make check payable to and mail to:

Museum of Nature and Science (MNS)

Attn: Sleepover Coordinator

P.O. Box 151469

Dallas, Texas 75315-1469

If you have any questions or need further assistance, please contact Megan Hagenah at (972) 201-0558. We look forward to seeing you at your **MNS Sleepover!**

POLICIES AND PROCEDURES

Museum of Nature and Science

Please read the following information, sign one copy and return it with the registration.

WHAT TO BRING

Each person attending a Sleepover should bring a sleeping bag, foam roll-mat, pillow, and only necessary toilet articles. Shower facilities are not available. The leaders will want a flashlight.

REGISTRATION

All completed materials are due **three weeks prior to event**. Incomplete materials will delay your final confirmation. All paperwork must be completed by the group leader before the start of the Sleepover.

REFUNDS, TRANSFERS, VISITORS

Your payment in full is due **3 weeks prior to sleepover** and no refunds will be given after this date. Payment must be made with one check per group. Additional registrations can be made on a space available basis only. Only registered children from 6 to 12 years of age and pre-identified chaperones will be allowed to attend Sleepovers. No visitors will be allowed during Sleepovers, nor will any animals be allowed. No infants or children under the designated age will be admitted to the Sleepovers.

FOOD/SNACKS

For all participants, a snack and drink will be provided in the late evening, as well as a light breakfast in the morning. There will be no opportunity to purchase additional food or drinks. **Please do not bring additional food or beverages.**

ILLNESS/INJURY

If a child or adult becomes ill or is injured, the contact on his/her medical release form will be notified. No oral medicines or first aid will be administered except by the child's chaperone, if necessary. A basic first aid kit will be available. For any matter involving medical treatment or otherwise, the Museum of Nature and Science disallows all responsibility for the cost of this or any other medical treatment.

BEHAVIOR

Chaperones are responsible for the behavior of their group. A chaperone must accompany the children in their group at all times. Sleepover staff reserves the right to deny participation to any person whose behavior impedes Sleepover activities or the participation of any other person in attendance.

CHECK-IN/DISMISSAL

Doors open and check-in begins at **7:00 p.m.** the evening of your scheduled overnight, with workshops beginning at **7:30 p.m.** The event ends at **9:30 a.m.** the next morning.

AGE CATEGORIES

Please observe the age categories defined for the Sleepover (6-12 years). Each evening's events are designed for a defined age group. Children whose ages fall outside the boundaries of these definitions may not have the best possible Sleepover experiences.

PARKING

Parking is provided free of charge in the lot across the street from the museum or in the museum lot if space is available. A hired Dallas police officer will be present during the sleepover.

SPECIAL NEEDS

Special needs for any person should be coordinated through the Sleepover Coordinator.

I have read, fully understand and agree to the policies and procedures. I have fully explained this information to all parents of participants and chaperones who will attend our specified Sleepover.

Group leader's signature

Date

PLEASE SIGN & RETURN 1 COPY WITH YOUR PAYMENT, MEDICAL RELEASES, AND GROUP REGISTRATION FORM.

GENERAL SLEEPOVER SCHEDULE

Museum of Nature and Science

(Times/activities subject to change depending on event theme/special activities)

EVENING

7:00 PM

Doors open for check-in

7:00-7:30 PM

Registration and Introductions

7:30-11:00 PM

Children will be divided into groups and will work with that group throughout the education workshops.

A light snack will be served.

11:30 PM

Lights out.

MORNING

7:00-7:30 AM

Lights on! And pack up before coming to breakfast

7:30-8:15 AM

Light Breakfast

8:30 – 9:30 AM

IMAX Movie

GENERAL INFORMATION

Museum of Nature and Science

Phone Numbers:

Main Line: **(214) 428-5555**

Sleepover coordinator, during usual business hours, EXT. **1346**

Address:

Physical Address: **MNS - Science Building**
1318 South Second Avenue, Dallas, 75210
(The former Science Place Building)

MNS – Nature Building
3535 Grand Avenue, Dallas, 75315
(The former Museum of Natural History)

Mailing Address: P.O. Box 151469, Dallas, 75315

Directions:

From eastbound I-30:

Take exit 47A (2nd Avenue/Fair Park), continue on 2nd avenue and veer right as you exit and to continue to Grand Avenue. Turn left on Grand Avenue (Gate 5) to enter the park. The Museum of Nature and Science will be on right as you enter.

From westbound I-30:

Take exit 47A (1st Avenue/Fair Park), bear right as you exit and continue straight ahead to Fair Park. At the park, turn right on Parry Avenue and continue to Grand Avenue. Turn left on Grand Avenue to enter the park. The Museum of Nature and Science is on your right as you enter.

From N. Central Expressway/U.S. 75:

Take Southbound 75/Central Expressway to I-30 East.
Exit 2nd Avenue/Fair Park. Continue onto Robert B. Collum Blvd.
Turn left on Grand Avenue (Gate 5) to enter the park. The Museum of Nature and Science will be on right as you enter.

From I-45 heading north or south:

Take Exit 283/Martin Luther King Blvd. follow the signs to Fair Park. At the park, turn left on Parry Avenue and continue to Grand Avenue.
Turn right on Grand Avenue (Gate 5) to enter the park. The Museum of Nature and Science will be on right as you enter.

CHILD OVERNIGHT AND MEDICAL RELEASE FORM

Museum of Nature and Science

MNS Sleepover date: _____

One of these Overnight and Medical Release forms must be filled out for each child and adult attending Sleepovers.

Child's Name _____

Birth date _____ Sex _____ Age _____

Parent/Guardian of child _____

Day phone _____ Night phone _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Group Name _____

Leader's Name _____ Phone # _____

IN CASE OF AN EMERGENCY please list two people other than parent/guardian who can be reached during overnight hours.

Name _____ Phone # _____

Name _____ Phone # _____

Please list any special conditions (allergies, special medications, etc.) for the child.

I understand that the Museum of Nature and Science staff may, in its sole discretion, call 911 to arrange any medical treatment, and that the Museum of Nature and Science disallows all responsibility for the cost of this or any other treatment. Furthermore, I acknowledge that I have read or have had explained to me, the policies and procedures of the Museum of Nature and Science pertinent to Sleepovers.

I, the parent and/or legal guardian of the above-mentioned child, on behalf of the child, his/her parents or legal guardians, heirs, and legal representatives, do hereby release, acquit or forever discharge and agree to hold harmless, the Museum of Nature and Science, the City of Dallas, Office of Cultural Affairs and the Museum of Nature and Science Association, and their respective employees and agents from any and all claims, demands, rights, damages, losses, injuries or causes of action whether known or unknown, or foreseen or unforeseen, arising out of any personal injury (or otherwise) sustained by or resulting from the child's participation in the MNS Sleepover.

I understand that the parties released admit no liability of any sort.

Signature _____ Date _____

ADULT OVERNIGHT AND MEDICAL RELEASE FORM

Museum of Nature and Science

MNS Sleepover date: _____

One of these Overnight and Medical Release forms must be filled out for each child and adult attending Sleepovers.

Adult's Name _____

Birth date _____ Sex _____ Age _____

Day phone _____ Night phone _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Group Name _____

Leader's Name _____ Phone # _____

IN CASE OF AN EMERGENCY please list two people who can be reached during overnight hours.

Name _____ Phone # _____

Name _____ Phone # _____

Please list any special conditions (allergies, special medications, etc.) you might have.

I understand that the Museum of Nature and Science staff may, in its sole discretion, call 911 to arrange any medical treatment, and that the Museum of Nature and Science disallows all responsibility for the cost of this or any other treatment. Furthermore, I acknowledge that I have read or have had explained to me, the policies and procedures of the Museum of Nature and Science pertinent to Sleepovers.

I, the adult participant, do hereby release, acquit or forever discharge and agree to hold harmless, the Museum of Nature and Science, the City of Dallas, Office of Cultural Affairs and the Museum of Nature and Science Association, and their respective employees and agents from any and all claims, demands, rights, damages, losses, injuries or causes of action whether known or unknown, or foreseen or unforeseen, arising out of any personal injury (or otherwise) sustained by or resulting from my participation in the MNS Sleepover.

I understand that the parties released admit no liability of any sort.

Signature _____ Date _____



SLEEPOVER RESERVATION REQUEST FORM

October 2009-September 2010

Four ways to request a reservation:

- **FAX** this completed form to 214.428.4310
- **CALL** 214.428.5555, ext. 1346 / Sleepover Coordinator (Monday through Friday)
- **EMAIL** mhagenah@natureandscience.org
- **MAIL** this completed form to: Museum of Nature & Science, P.O. Box 151469, Dallas, TX 75315-1469

Completion of this request form does NOT guarantee a reservation. Confirmation will be emailed.

Group name (school, troop #) _____

Group leader _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone (home) _____ (work) _____ (cell) _____

Email _____ Fax _____

Sleepover Night Preference:

1st choice _____ 2nd choice _____ 3rd choice _____

of children by age: ___ 6yrs ___ 7yrs ___ 8 yrs ___ 9yrs ___ 10yrs ___ 11 yrs ___ 12yrs ___ 13yrs

Attendance: One adult for every four children is recommended, although additional chaperones are welcome.

_____ Children (6-13 years old)	X \$35 each =	\$ _____
_____ Adult chaperones	X \$20 each =	\$ _____
	Total balance due	\$ _____

DEPOSIT: A **non-refundable** deposit is due within 10 days of making your reservation (and no later than 5 weeks before the Sleepover night). If the full balance is less than \$500, the deposit is \$50; and if the full balance is more than \$500, the deposit is \$100. Additional information and forms will arrive with your invoice. Your reservation will be cancelled if your deposit/payment is not received by the due date.

FINAL PAYMENT: The remaining balance (ONE final payment per Group, not multiple checks) is due 3 weeks before your sleepover date, along with the names of all participants and the required medical release forms. The Museum of Nature & Science reserves the right to cancel any program if the minimum number of students is not met three weeks prior to the program date. Deposits will be refunded if other arrangements cannot be made.

Check enclosed for the amount of \$ _____, made payable to the Museum of Nature & Science.

Credit card payment \$ _____ Expiration date _____ Security Code _____ Billing ZIP _____

Name on card _____

Card # _____

OFFICE USE

Reservation#:	Deposit amount:	Final payment amount:
Patron ID #:	Method:	Method:
Date entered:	Payment date:	Payment date: