



MISSOURI BOTANICAL GARDEN

SCOUT TROOP ROSTER FORM

Troop Number: _____ Sleepover Date: _____

Troop Leader's Name: _____

Phone: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Directions: This roster form must be completed and returned to the Garden **2 weeks** prior to the date of the sleepover. Mail completed forms to: Missouri Botanical Garden, Scout Overnight, P.O. Box 299, St. Louis MO, 63166

**Note: T-shirts are only given out during the Missouri Botanical Garden Overnight in the fall*

	Participant's First & Last Name (Please write legibly!)	Age	Gender	Scout Level	t-shirt size youth or adult?*	Dietary Restrictions	Office Use Med FRM
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Please note: Visitor assumes all risk, loss, damages, liability, and danger for injury or damage to person or property and all hazards arising from or related to admission to the Garden and participation in any of its exhibits or attractions. Visitor agrees not to use commercially any photography or reproduction in any form taken at the Garden. Visitor grants permission to the Garden and its designees to utilize Holder's image, likeness, actions, or statements in any form taken during a visit to the Garden for the purpose of promoting the Garden in perpetuity.