

Annual STEM Scout Overnight at the Houston Museum of Natural Science



Spend an evening at the Museum and get the opportunity to experience the Houston Museum of Natural Science in a whole new way!

WHAT IS THE STEM Nova LATE NIGHT?

The STEM Nova Overnight is an after hours event for Cub Scouts where they can explore the Museum while completing Champions for Nature STEM requirements. As part of the event you and your scout will have access to Museum permanent exhibit halls after hours, STEM stations, late night snack, and a planetarium show in the Burke Baker Planetarium. Participants will sleep in a museum hall and be provided a light breakfast the next day. Please note that dinner is **NOT** included as part of the event.

WHEN IS THE STEM Nova OVERNIGHT?

Friday, October 11th, 2024 from 6:30pm—9am.

WHO CAN REGISTER?

This event is open exclusively to Cub Scouts, both boys and girls, ages 6-12 including Tiger, Wolf, Bear, and Webelos scouts. Scouts BSA or Scouts younger than 6 or older than 12 are unable to participate in the overnight. We require a minimum of 2 adult chaperones for any size group of 1-10 scouts and at least 1 adult for every 10 Scout participants. Due to the popularity of this event, non-scout siblings may not participate.

WHAT IS THE PRICE PER PARTICIPANT?

The registration fee is \$65 per person for HMNS members and \$80 per person for nonmembers; the price is the same for children and adults. **All** adults and children must register. Members must give a current HMNS membership number at the time of registration to receive member pricing. You can call 713-639-4616 to renew your membership.

WHAT CLASSES WILL BE OFFERED?

The following classes will be offered on Saturday October 12th exclusively for Overnight participants from 8:30– 10:30 am. Please note that if a class does not meet the minimum enrollment requirements, we will cancel the class and issue a refund

Champions for Nature for Bear Cub, Wolf Cub, Webelos, and Arrow of Light

HOW DO I REGISTER?

You will need to fill out the following registration page and roster, and email it to:

Overnights@hmns.org

Registration will close promptly at 5pm on October 2nd 2024 or when the event is filled to capacity. Incomplete registration forms will not be accepted. Once completed form and roster are received, a confirmation and payment link will be sent to the registration contact to finish the registration process. **No refunds will be offered.**



Generously Supported by Oxy

HMNS STEM Overnight Registration Form

Troop or Pack Number

Registration Contact Person

THE PERSON LISTED HERE WILL BE THE PRIMARY CONTACT FOR REGISTRATION, THIS PERSON DOES NOT NECESSARILY HAVE TO ATTEND THE EVENT.

MULTIPLE REGISTRATIONS SUBMITTED WITH THIS REGISTRATION CONTACT PERSON WILL BE MATCHED AND GROUPED TOGETHER.

Contact Phone Number

Email Address

NOTE: ALL REGISTRATION CONFIRMATION AND INFORMATION WILL BE SENT VIA EMAIL. BE SURE THAT THE EMAIL ADDRESS PROVIDED IS CHECKED AT LEAST ONCE DAILY.

How did you find out about this event?

Have you attended a HMNS Overnight before?

MEMBERS

Member Name _____

Member Number _____

Total Scouts attending the Overnight _____ x \$65.00

Total Adults attending the Overnight _____ x \$65.00

SATURDAY CLASSES

Class Name _____

Rank _____

Total attending Class _____ x \$15.00 (member)

Total attending Class _____ x \$25.00 (nonmember)

Total Payment Due = _____

Pack roster must accompany this form for processing

NONMEMBERS

Total Scouts attending the Overnight _____ x 80.00

Total Adults attending the Overnight _____ x \$80.00

Registration is complete once payment is received. No refunds will be offered.

If you have any further questions, please contact overnights@hmns.org

STEM SCOUT OVERNIGHT ROSTER

Registration is open to Scouts, Scout Leaders, assistant leaders and parent chaperones. Please abide by the Scout safety guidelines for Overnight activities as well as the Museum required ratio of a minimum of 2 adults for any size group and at least 1 adult for every 10 Scout participants. If you have a large group that cannot fit on this form, please feel free to attach additional pages to accommodate your roster.

| | SCOUT NAME | AGE | Scout Level | ALLERGIES/ DIETARY RESTRICTIONS | SATURDAY CLASS (Y/N) |
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| 14 | | | | | |
| 15 | | | | | |
| | ADULT NAME | First-aid Trained? | LEADER/ASST. LEADER/PARENT | ALLERGIES/DIETARY RESTRICTIONS | CHAPER-ONING CLASS? |
| 1 | | Y N | | | |
| 2 | | Y N | | | |
| 3 | | Y N | | | |
| 4 | | Y N | | | |