



Housing Roster Form

This form is used to determine housing needs for teams. Please complete and return this form with the Event Registration packet (provided at coaches meeting) to the appropriate SOWA office. If you have any questions, please contact:

East Region

Stephen Opland

206-681-9370

Team: _____

Head Coach: _____

Phone: _____ Email: _____

Instructions: Room assignments are to be made based on the ratio of 1 coaching staff to 3 athletes. Rooms are to be assigned by female chaperones with female athletes and male chaperones with male athletes. Indicate in the C/A column whether the individual is a coach/chaperone (C) or an athlete (A). Unified Partners 18 years of age or older are to be designated with a (C) and Unified Partners under 18 years of age are to be designated with an (A). All teams must have enough screened chaperones to attend any event. For **Code** indicate **WC** for wheelchair and **SP** for athletes that need one-on-one supervision.

NAME	C/A	Code
Head Coach	C	
2.		
3.		
4.		
1.	C	
2.		
3.		
4.		
1.	C	
2.		
3.		
4.		

NAME	C/A	Code
Head Coach	C	
2.		
3.		
4.		
1.	C	
2.		
3.		
4.		
1.	C	
2.		
3.		
4.		

Special Considerations:

My team will require housing for athletes using wheelchairs. How many: _____

Other considerations for my team include: _____