

Unified Soccer State Registration Paperwork

**Special
Olympics
Washington**



Please complete this registration form in its entirety and be as accurate as possible when submitting meal counts and housing accommodations. Contact information is required for both the Head Coach and the Program Coordinator unless the individual has taken on both roles.

Team Name: _____ City: _____
 Head Coach: _____ Region: _____
 Program Coordinator: _____

Phone Numbers (Include area code):

Head Coach:

Home _____

Cell _____

Email _____

Address: _____

City, State, Zip: _____

Program Coordinator:

Home _____

Cell _____

Email _____

Transportation: Please share your transportation plans. All transportation requests should reflect the most cost efficient mode of travel and must be pre-approved prior to the date transportation is needed. Special Olympics Washington **will not** pay for any unapproved transportation expenses nor 15-passenger vans.

Estimated Trip Cost	\$ _____
Circle mode of Transportation	Bus – Rental Vehicle – Personal Vehicle

Meal Counts: Please insert appropriate numbers on each line relating to your team's needs. Be sure to include athletes, coaches, and chaperones in your numbers and be as accurate as possible. Meals while traveling are NOT provided/covered by SOWA. Saturday Breakfast provided by hotel.

Meal Counts	#'s
Friday Dinner	(on own – SOWA will reimburse up to \$12 per person)

Saturday Lunch	Total Count: . _____
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Housing Counts: Please place the numbers of athletes, coaches, and chaperones who require housing accommodations in the appropriate box below. Note: Please complete all boxes and be as accurate as possible so we are able to accommodate all other teams and athletes. **Rooming Assignments continue on next page.**

	# of Male	# of Female
Coaches		
Chaperones		
Athletes		
Unified Partners		
Total		

Send to:

Morgan Larche | Director, Unified Schools | Special Olympics Washington | PO Box 1640, Richland, WA 99352 | Tel (206) 693-2616 | Email mlarche@sowa.org



Housing Assignment Instructions: Please complete all information in the housing roster below for those who will be traveling. Room assignments are based on up to four occupants per hotel room, and will be done by gender.

- Under role, please circle one of the following abbreviations to identify the occupant in the room: A-Athlete, P-Partner, C-Coach, CH-Chaperone. **Teams should not exceed 3 Chaperones per team.**
- Under gender, please circle the gender of the occupant in the room: F-Female, M-Male.
- Under the W/C (Wheelchair) column, please circle yes (Y) or no (N) if the athlete needs wheelchair access.

Room 1

Name	Role	Gender	W/C
	A-P-C-CH	F - M	Y -N
	A-P-C-CH	F - M	Y -N
	A-P-C-CH	F - M	Y -N
	A-P-C-CH	F - M	Y -N

Room 2

Name	Role	Gender	W/C
	A-P-C-CH	F - M	Y -N
	A-P-C-CH	F - M	Y -N
	A-P-C-CH	F - M	Y -N
	A-P-C-CH	F - M	Y -N

Room 3

Name	Role	Gender	W/C
	A-P-C-CH	F - M	Y -N
	A-P-C-CH	F - M	Y -N
	A-P-C-CH	F - M	Y -N
	A-P-C-CH	F - M	Y -N

Room 4

Name	Role	Gender	W/C
	A-P-C-CH	F - M	Y -N
	A-P-C-CH	F - M	Y -N
	A-P-C-CH	F - M	Y -N
	A-P-C-CH	F - M	Y -N

Send to: