2018 Spring Games-State Registration Paperwork
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: _____	**Coordinator:** _____
Home _____	**Home** _____
Cell _____	**Cell** _____
Email _____	**Email** _____

Address: _____

City, State, Zip Code: _____

Team Summary: 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. These numbers will be used for meal counts and housing.

Meal Counts

#'s	Breakfast	Lunch	Dinner
Saturday			
Sunday			

Continue for Housing...

Housing Requirements

Please place the numbers of athletes, coaches, and chaperones who require housing accommodations in the appropriate box below. The top boxes show the number of beds needed for wheelchair and non-wheelchair athletes, and the bottom box shows the total numbers of people traveling in your group. Note: Please complete all boxes and be as accurate as possible so we are able to accommodate all other teams and athletes.

Non-Wheelchair Housing

#'s	Male	Female
Friday		
Saturday		

Wheelchair Housing

#'s	Male	Female
Friday		
Saturday		

Totals:

Coaches	
Chaperones	
Athletes	
Unified Partners	
Total:	

Assignment Instructions: Please complete all information in the housing roster below for those who will be traveling. **Room assignments are based on one and two occupants per dorm 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.** 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.

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

Total beds needed: _____