

**State Games Registration Paperwork**

Accommodation Type: Dorms

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.

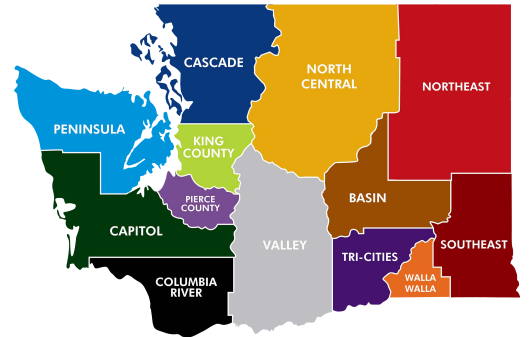
**Team Name:** \_\_\_\_\_

**Region:** \_\_\_\_\_

**Area:** \_\_\_\_\_

**Sport:** \_\_\_\_\_

Find your Area 



**Head Coach:** \_\_\_\_\_

**Program Coordinator:** \_\_\_\_\_

**Home:** \_\_\_\_\_

**Home:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Team Summary:** Please insert appropriate numbers on each line relating to your team's needs for housing and meals below and on the next page. Be sure to include athletes, coaches, and chaperones in your numbers and be as accurate as possible.

**Meal Counts**-These numbers will be used for meal counts. Please only provide numbers for meals you plan to eat and help to reduce food waste.

#'s	Breakfast	Lunch	Dinner
<b>Saturday</b>			
<b>Sunday</b>			X



