



State Games Registration Paperwork

Accommodation Type: Hotel

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.

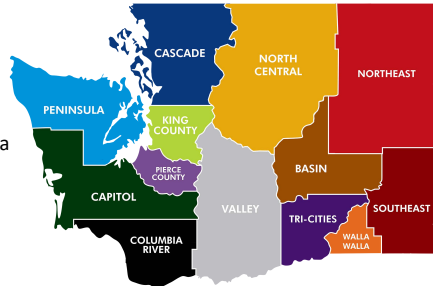
Team Name: _____

Region: _____

Area: _____

Sport: _____

Find your Area



Head Coach Contact Information:

Cell: _____

Email: _____

Address: _____

City, State, Zip Code: _____

Program Coordinator Contact Information:

Cell: _____

Email: _____

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			X

IMPORTANT as you move onto Housing: Background checks should have already been completed for Head Coaches, Assistant Coaches, Chaperones or Unified Partners (18 years and older) listed above. If you list someone who does not have background check through Special Olympics Washington, please have them register as soon as possible using the following link and good deed code:

<https://app.sterlingvolunteers.com/en/Candidates/Account/Register> Good Deed Code: e45cri8

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-ADA/Wheelchair Housing

#'s	Male	Female
Friday		
Saturday		

ADA or Wheelchair Accessible Housing

#'s	Male	Female
Friday		
Saturday		

Totals:

Coaches	
Chaperones	
Athletes	
Unified Partners	
Total:	

Housing Assignment Instructions: Please complete all information in the housing roster below for those who will be traveling with the delegation. **Room assignments are based on 2 and 4 occupants per hotel room, and will be done by gender. Due to the limited number of rooms available try to max out 4 to a room as best you can.** Under role, please list one of the following abbreviations to identify the occupant in the room: **A - Athlete, P - Partner, C - Coach, CH - Chaperone**. Under gender, please list the gender of the occupant in the room: **F - Female, M - Male**. Under the **W/C-ADA** column, please circle **yes (Y)** or **no (N)** if the athlete uses a wheelchair and/or needs ADA accessible housing.

Name	Role	Gender	W/C-ADA

Name	Role	Gender	W/C-ADA

Name	Role	Gender	W/C-ADA

Name	Role	Gender	W/C-ADA

Name	Role	Gender	W/C-ADA

Name	Role	Gender	W/C-ADA

Total beds needed: _____ Double
 _____ Single
 _____ W/C

Additional Room Blocks below: Please be sure to add in any additional room to the total beds needed on page 2. You may use more than one of these pages just be sure to attach them when you submit .

Name	Role	Gender	W/C-ADA

Name	Role	Gender	W/C-ADA

Name	Role	Gender	W/C-ADA

Name	Role	Gender	W/C-ADA

Name	Role	Gender	W/C-ADA

Name	Role	Gender	W/C-ADA

