



2023 East Region
Lunch Request Form
The Plains Golf Course on August 6th

Please complete this **request form** in its entirety and be as accurate as possible when submitting lunch counts and sandwich selections. Contact information is required for both the **Head Coach** and the **Program Coordinator** unless the individual has taken on both roles.

Deadline is no later than July 25th. COMPLETE and email to: gopland@sowa.org

Program / Team Name: _____ **City:** _____ **Area:** _____

Head Coach: _____ **Phone:** _____ **Email:** _____

Program Cord: _____ **Phone:** _____ **Email:** _____

TEAM SUMMARY BREAKDOWN: The **box below** reflects the total number of people traveling in your group. Please insert accurate numbers on each line related to your team's breakdown. These participants should be included on your final DELEGATION REPORT, **however:** Due to "last minute" confirmation from group homes or care facilities – we realize a **chaperone** (care giver / one on one) may not be able to be placed on the DELEGATION REPORT. Please include "unknowns" in BREAKDOWN - and email Grant when name is provided. **IMPORTANT:** these support volunteers MUST BE credentialed with SOWA in order to assist!

TEAM SUMMARY BREAKDOWN

ROLE:	NUMBER
COACHES:	
CHAPERONES:	
ATHLETES:	
UNIFIED PARTNERS:	
TOTAL:	

LUNCH COUNT:

Place number next to selection:

Turkey _____ **Ham** _____ **Gluten Free Turkey** _____ **Gluten Free Ham** _____