

2019 East Region Housing Form

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: _____

City: _____

Area: _____

Head Coach: _____

Program Coordinator: _____

Home: _____

Home: _____

(Include area code) 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
Friday			
Saturday			

The box below shows the total number of people traveling in your group. Please complete all boxes and be as accurate as possible.

Totals:

Coaches	
Chaperones	
Athletes	
Unified Partners	
Total	

Housing Requirements

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.

Non-Wheelchair Housing

#'s	Male	Female
Saturday		
Sunday		

Wheelchair Housing

#'s	Male	Female
Saturday		
Sunday		

Housing Assignment Instructions: Please complete all information in the housing roster below for those who will be traveling. **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 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
	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

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

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

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

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

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

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