



2023 East Region  
**Lodging and Lunch Request Form**  
YVCC on May 20th (Soccer)

Please complete this **request form** in its entirety and be as accurate as possible when submitting lunch counts, sandwich selections, and housing accommodations. 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 April 30th**. COMPLETE and email to: [gopland@sowa.org](mailto:gopland@sowa.org)

Program / Team Name: \_\_\_\_\_ City: \_\_\_\_\_ Area: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Program Cord: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**TEAM SUMMARY:** 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. However, include the **chaperone** in the chart below and lunch count numbers. Insert "title" on the lodging request section.....then confirm the name with MANAGER - **Grant Opland** once recieved. **IMPORTANT:** Chaperone must be credentialed before competition!

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

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**LUNCH COUNT:**

Place number next to selection:

Turkey \_\_\_\_\_ Ham \_\_\_\_\_ Gluten Free Turkey \_\_\_\_\_ Gluten Free Ham \_\_\_\_\_

# LODGING REQUEST:

Accommodation Type: HOTEL

Arrival: Friday, May 12th

**Room Assignment Instructions:** Please complete all the information in each section below for those who will be traveling and needing a room. Room assignments are based on 4 occupants per hotel room and are assigned by gender. Due to limited number of rooms available – it is important to try and place 4 in each room.

Under role, please use one of the following abbreviations to identify the occupant in the room: **A**-Athlete **P**-Unified Partner / **C**-Coach / **CH**-Chaperone. Under gender, please mark the gender of the occupant in the room: **F**-Female / **M**-Male. Under the **W/C** (Wheelchair) column, please use **Y** (yes) or **N** (no) if the athlete needs wheelchair access.

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

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

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

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

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