



2023 East Region
Housing and Lunch Request Form
EWU on May 13th

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.

COMPLETE and email to: gopland@sowa.org

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

Head Coach: _____ Phone: _____ Email: _____

Program Cord: _____ Phone: _____ Email: _____

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:	

LUNCH COUNT:

Place number next to selection:

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

Name	Role	Gender	tlr

Name	Role	Gender	tlr

Name	Role	Gender	tlr

Name	Role	Gender	tlr

Name	Role	Gender	tlr

Name	Role	Gender	tlr

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