

REGIONAL BASKETBALL COMPETITION @ WSU on February 8th, 2020
Registration and Housing Form

Please complete this registration form and submit no later than **January 24th** – **send to your area director and area administrator**. Be as accurate as possible when submitting meal counts and housing accommodations.

DO NOT send roster of team / individual. We will transfer your sub regional information into our system.

Team name: _____ Head Coach: _____

Phone: _____ Email: _____

EVENTS COMPETING IN: **TEAM** / **TEAM SKILLS** / **INDIVIDUAL SKILLS** (circle all that apply)

LUNCH COUNT

| Athletes | Partners | Coaches | TOTAL |
|----------|----------|---------|-------|
| | | | |

TRANSPORTATION

Transportation request submitted to SOWA: ____ yes ____ no ____ does not apply

Type of transportation being used: **BUS** / **VAN** / **CAR** (circle all that apply)

Complete this portion only if lodging is being made available for your team.

ARRIVAL: Friday, February 7th

Accommodation Type: Hotel

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 can accommodate all other teams and athletes.

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 we need to max out 4 to a room as best we can – we reserve the right to reassign if we feel warranted – you will be notified in advance.**

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 |

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TOTAL BEDS NEEDED:

_____ single
 _____ double
 _____ wheelchair