

**2019 SUMMER GAMES HOUSING REQUEST FORM**  
 ◇ **Submit by May 15 at noon.** ◇

1. **LIST ALL MEMBERS OF YOUR DELEGATION** (Please include all coaches)
2. List delegation members in groups of two (separate males and females).
3. We do not know what dorms we will be in, therefore, we do not know the set-up we will have. Please note if you have groups that want to share a larger room if possible.
4. **Please note the final column of Accessible notes – please use this space to notify us of any accommodations (wheelchair, assisted devices, service animals, shower chairs, refrigerators, etc.)**  
*\*\*Please reach out directly to Susan Foegen ([sf@specialolympicsco.org](mailto:sf@specialolympicsco.org)) if you need to arrange medical equipment deliveries (oxygen, etc.).\*\**
5. If it is necessary to house you with another program, list your 1st and 2nd choice.
6. Athletes ages 8 – 15 that are having parents stay with them **MUST** be listed on this form in order to keep your teams together. Please just list parent in the second slot.

*Please Print – and remember to list all the members of your delegation – Only those listed will receive credentials*

PROGRAM/TEAM: \_\_\_\_\_ CELL: ( \_\_\_\_\_ ) \_\_\_\_\_

HEAD COACH: \_\_\_\_\_ HOME: ( \_\_\_\_\_ ) \_\_\_\_\_

NAME	COACH/UP/ATHLETE	GENDER	ACCESSIBLE NOTES
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Coach/Program with whom I would like to share housing:

<b>Coach</b>	<b>Program</b>
1. _____	_____
2. _____	_____

PROGRAM/TEAM: \_\_\_\_\_ CELL: ( \_\_\_\_\_ ) \_\_\_\_\_

NAME	COACH/UP/ATHLETE	GENDER	ACCESSIBLE NOTES
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PROGRAM/TEAM: \_\_\_\_\_ CELL: ( \_\_\_\_\_ ) \_\_\_\_\_

NAME	COACH/ATHLETE	GENDER	ACCESSIBLE NOTES
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