

**STATE SUMMER GAMES HOUSING FORM**

This form **MUST** be completed and returned with the games registration packet.

Housing assignments should be made using the attached Special Olympics South Carolina Housing Policy and Procedures guidelines.

DELEGATION:       DATE:

**Total # in Delegation**

# of Males:      # of Females:      # of Athletes/Partners:      # of Coaches/Chaperones/Volunteers:

|  |  |  |
| --- | --- | --- |
| Males |  | Females |

|  |  |  |
| --- | --- | --- |
| Athletes/Unified Partners |  | Athletes/Unified Partners |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Coaches/Chaperones/Volunteers |  | Coaches/Chaperones/Volunteers |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |