

**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:

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| Males |  | Females |

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