|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  | Our Agency does **NOT** need Housing | | | | | | |
|  |  |  |  | Check this box if attending for **DAY ONLY** | | | | | | |
|  |  |  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  |  |  | |  |
|  | Alternate Head of Delegation: ­­­ | | | | | |  |  | |  |
|  |  |  |  |  |  |  |  |  | |  |
|  | Cell Phone: ( ) Service Provider: | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  | |  |

 **Head of Delegation & Roster Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  | Head of Delegation (attending games): | | | | | |  |
|  |  |  |  |  |  |  |  |
|  | Mailing Address: | | | | | |  |
|  |  |  |  |  |  |  |  |
|  | City: | | State: | | Zip: | |  |
|  |  |  |  |  |  |  |  |
|  | Cell Phone: ( ) | | Service Provider: | | | |  |
|  |  |  | To be used during Games Weekend | | | |  |
|  | Email: | | Fax: ( ) | | | |  |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| Area #: Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Males - Name** | | **Athlete** | **Partner** | **Coach / Chaperone** | **HOD** | **Wchair** | **Level A** | **Day Only** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FEMALES - Name** | | **Athlete** | **Partner** | **Coach / Chaperone** | **HOD** | **Wchair** | **Level A** | **Day Only** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |

List each Athlete, Unified Partner, Coach and (HOD) Head of Delegation that is in your quota & check the correct box indicating their role at this competition. If an athlete in a wheelchair or Level A athlete needs special housing on the ground floor, place an “S” in the box labeled Wheelchair or Level A. If a wheelchair athlete or level A athlete does not require ground floor housing, place a check in the box labeled wheelchair or level A. Only those listed on this housing form will have sleeping space reserved for them.

**NOTE: WE HOUSE 4 TO A ROOM IN DOUBLE ROOMS AND KING ROOMS WITH PULLOUT SOFAS.**

*(Updated 9/26/12)*