

FALL GAMES
REGISTRATION FEES



AREA: _____ **AGENCY:** _____

_____ Athletes & Unified Partners X \$15.00 = \$ _____

_____ Coaches in Quota X \$15.00 = \$ _____

ADDITIONAL CHARGES:

Extra Coaches not in Quota / Bus Drivers / Nurses (\$20 per extra person)
(The \$20 fee includes all meals, credentials, insurance)

_____ Extra persons not in Quota X \$20.00 = \$ _____

HOUSING FOR EXTRA PEOPLE:

SOGA will no longer provide additional housing for any agency outside of your allotted quota. Agencies are responsible for securing any additional rooms you feel you will need for your agency.

Enclose full payment to: Special Olympics Georgia

Check # _____ Total of above enclosed = \$ _____

Call David at 770-414-9390 ext. 103 with any questions concerning fees.