SPECIAL OLYMPICS GEORGIA
HOUSING WORKSHEET

Area / Delegation: _____

Room #	Last Name	First Name	M / F	W / C	H / V	Ath	Coa	Oth Chap
1								
2								
3								
4								
5								
6								
7								
8								
9								

M / F Place "M" or "F" for Male or Female
W / C Place an "X" if Athlete uses Wheelchair
H / V Place an "X" if Athlete is Hearing / Visually Impaired
Ath Place an "X" if Athlete or Partner
Coa Place an "X" if Coach
Oth Chap Place an "X" if Other type of Chaperone

Special Instructions

All delegations will be housed 4 people per room.
Your delegation can request, and pay for,
extra rooms if needed for your delegation.