

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: _____

Our Agency does **NOT** need Housing
 Check this box if attending for **DAY ONLY**

Alternate Head of Delegation: _____

Cell Phone: () _____ Service Provider: _____

Males - Name		Athlete	Partner	Coach / Chaperone	H O D	Wchair	Level A	Day Only	FEMALES - Name		Athlete	Partner	Coach / Chaperone	H O D	Wchair	Level A	Day Only
1									1								
2									2								
3									3								
4									4								
5									5								
6									6								
7									7								
8									8								
9									9								
10									10								
11									11								
12									12								
13									13								
14									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)

