SPECIAL OLYMPICS MASSACHUSETTS HOUSING FORM (rev. 1/5/04)

Area _ South Local Program _ _____ Head Coach Name __ _____

Telephone_____ E-Mail Address_____ _____

PLEASE NOTE: List ONLY those requiring housing (athletes, coaches, chaperones; Area Managers and Official Delegates). Please specify with whom each athlete and coach should be housed (list them side by side on the same line). No singles for Coaches. Athlete/Coach ratios for individual sports is 3/1. PLEASE COMPLETE COUNTS AT BOTTOM OF PAGE TO FACILITATE COMPILATION.

Name	A/C/CH	1:1	Meds	W/C	Sex	Roommate Name	A/C/CH	1:1	Meds	W/C	Sex

KEY CODE

A/C	Indicate if Athlete, Coach, or Chaperone
1:1	Indicate for 1:1 athlete/coach room assignment
Meds	Check if athlete needs medication to be dispensed by SOMA medical staff
W/C	Indicate if athlete needs wheelchair accommodations

 # ATHLETES: **Male** ____ **Female** _____ **TOTAL # ATHLETES** _____

TOTAL W/C ATHLETES: _____

 # COACHES/CHAPERONES: **Male** ____ **Female** ____ **TOTAL # COACHES/CHAPS:** _____

GROUP TOTAL: **Male** _____ **Female** _____ **GRAND TOTAL** _____

NOTES/SPECIAL REQUESTS: _____