SPECIAL OLYMPICS MASSACHUSETTS HOUSING FORM

Area _____ Local Program _____ Head Coach Name _____

Telephone _____ E-Mail Address _____

PLEASE NOTE: List only those athletes, unified partners, coaches and chaperones requiring housing. (Unified partners are counted as athletes on this form.) Please specify with whom each should be housed. (List them side-by-side on the same line.) No singles for Coaches. (Athlete:Coach ratio for individual sports is 3:1.) Also, please don't forget to fill in the counts at the bottom, as well. Thank you! ☺

Name	A/C/CH	1:1	Meds	W/C	Sex	Roommate Name	A/C/CH	1:1	Meds	W/C	Sex
i.e. John Smith	*A*	*1:1*	✔	*W/C*	*M*	*John Jones*	*CH*				*M*

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: _____