SUMMER GAMES DELEGATION ENTRY FORM

Due IN HOUSE to the State Office by **Monday, May 6, 2019**.
Copy form as needed.
Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2018, or email entries@soindiana.org

CAMPUS (ONE FORM PER SITE): ☐ Indiana State University ☐ Rose-Hulman Institute of Technology

GENERAL INFORMATION:

PROGRAM NAME: _____ AREA: _____

COUNTY COORDINATOR: _____ CELL PHONE: (_____)_____

SUMMER GAMES PROGRAM INFORMATION:

HEAD OF DELEGATION NAME (*ON SITE)*: _____

HOD ADDRESS: _____ CITY/STATE/ZIP: _____

HOD EMAIL: _____

EMERGENCY CELL PHONE (REQUIRED): (_____)_____
*Emergency Cell Phone to be **ON** for the duration of the Games.*

RECEIVE TEXT MESSAGES: ☐ YES ☐ NO
Messages may be regarding event changes, emergencies, etc.

HOUSING:

SUMMER GAMES DELEGATION INFORMATION	HOUSING ARRIVAL COUNT*			DELEGATION COUNT*	WHEELCHAIR HOUSING REQUIRED OUT OF DELEGATION COUNT NUMBERS, LIST NUMBER OF INDIVIDUALS REQUIRING WHEELCHAIR HOUSING
	THURSDAY	FRIDAY	OFF CAMPUS		
ATHLETES					
UNIFIED PARTNERS					
COACH/CHAPERONES					
TOTAL					

*NOTE: The Delegation Count should be equal to the Housing Arrival Count and vice versa.

CREDENTIALS:

ALL CREDENTIALS MAILED IN ADVANCE OF THE GAMES.

HOW WOULD YOU LIKE TO RECEIVE THEM? ☐ BY MAIL ☐ WILL PICK-UP

IF REQUEST IS BY MAIL, SEND CREDENTIALS TO? ☐ HOD (HEAD OF DELEGATION) ☐ CC (COUNTY COORDINATOR)

IMPORTANT SAFETY CONSIDERATIONS:

At Indiana State University, Rhoads, Cromwell, Blumberg, and Mills Halls will be used for early arrivals. Each residence hall has accessible showers and toilets in one (1) room on each floor. Please be aware due to the possible increase of early arrivals for these residence halls, athletes and volunteers in wheelchairs may be housed on upper level floors. Athletes who use wheelchairs must be roomed with a responsible adult.

If you have any special housing needs, please attach a piece of paper with your requests. The earlier entry materials arrive, the more likely your special requests will be fulfilled.

FOR COUNTY COORDINATOR USE ONLY:

By signing the line below, the County Coordinator verifies that all information and entry numbers are correct.

X_____
County Coordinator Signature Date

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