

## 2024 STATE SUMMER GAMES DELEGATION SUMMARY FORM

Name of Delegation: \_\_\_\_\_

Head of Delegation (Level 2 Certified): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell # During The Games: \_\_\_\_\_

Delegation Totals: # of Coaches & Chaperones \_\_\_\_\_

# of Athletes: \_\_\_\_\_

This # cannot exceed T-shirt #'s

Delegation Total: \_\_\_\_\_

### HOUSING

We will be staying in the residence halls

It is understood the numbers provided below are estimates. You will be E-mailed USD room assignment forms closer to Summer Games. These forms will require you to identify and assign all guests to specific rooms.

# of **Male** Athletes, Coaches & Chaperones \_\_\_\_\_

# of **Female** Athletes, Coaches & Chaperones \_\_\_\_\_

Delegation Totals: \_\_\_\_\_ **You will pay \$20 per guest for campus housing**

### T-SHIRT NUMBERS

Registered Athletes

Youth S	Youth M	Youth L	Small	Medium	Large	XL	2XL	3XL	4XL

Registered Coaches/Chaperones

Small	Medium	Large	XL	2XL	3XL	4XL

T-shirt #'s CANNOT exceed Delegation Totals

### MEALS

**Our delegation will be attending the following meals:**

(please put approximate numbers attending each meal if different from your whole delegation)

\_\_\_\_\_ Friday Breakfast    \_\_\_\_\_ Friday Lunch    \_\_\_\_\_ Friday Supper

\_\_\_\_\_ Saturday Breakfast    \_\_\_\_\_ Saturday Lunch

Attending Opening Ceremony on Thursday evening:     Yes     No

Delegation Registration Time:    Date: \_\_\_\_\_ Time: \_\_\_\_\_

Certificate of Training / Acknowledgment of Policies (Form M):  Enclosed

Volunteer Roster (Form L):  Enclosed