



Billing Information Form

Delegation Name: _____ 0

HOD Contact Name: _____ 0

Phone: (Home) _____ (Cell) _____

Email: _____

Additional Rooms (outside of the 3:1 ratio per SOAZ Housing Policy)

Number of Additional Hotel Rooms: 0 X \$ - (Cost of Hotel Room) \$0.00

Additional Rooms will require a \$75.00 deposit per room. (Check/Money Order)

Additional Meals (outside of the 3:1 ratio)

Number of Additional Meals from Meals Form: 0 X \$20.00 \$0.00

Return To: Area Director

Office Use Only:

Cash:	
Check #:	
Program to Charge:	
Balance Due:	
Approved By:	

Meals Form

Please complete this form and return with your registration materials. A reminder that if you would like to bring additional Chaperones/Coaches or non-participating athletes to the competition beyond the 3:1 registered Athlete to Coach ratio, a "meal" credential is available for purchase of \$20 each. Additional Meal Credentials will only be issued to Athletes, Partners and Class A Volunteers. Athlete, Partner and Coach wrist bands will serve as their meal credentials.



This information must be returned with your Fall Games registration materials.

Delegation: _____ 0 Area: _____




Contact Name: _____

Email: _____

Please indicate which meals you would like SOAZ to provide to your program by totaling the number of athletes plus registered Coaches/Chaperones on a 3:1 athlete to coach ratio. **Please only order meals that your delegation will eat.**

Friday Lunch	Softball 	Bocce 
# of Standard Meals:	_____	_____
# of Gluten Free Meals:	_____	_____
# of Vegetarian Meals:	_____	_____
Totals	<input type="text" value="0"/>	<input type="text" value="0"/>

Friday Dinner	Opening Ceremonies & Victory Dance
# of Standard Meals:	_____
# of Gluten Free Meals:	_____
# of Vegetarian Meals:	_____
Totals	<input type="text" value="0"/>

Saturday Lunch	Golf 	Bocce 	Softball 
# of Standard Meals:	_____	_____	_____
# of Gluten Free Meals:	_____	_____	_____
# of Vegetarian Meals:	_____	_____	_____
Totals	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Please return this form to your Area Director. Please keep a copy of this form for your records.

Fall Classic Lodging Supplemental

Delegation Name: _____ 0

Contact Name: _____

Email: _____

Best Phone Number to call Head of Delegation/Representative (or to leave a message):

- 1) _____
- 2) _____

Please remember you MUST get approval from you Area Director for all lodging requests.

Do you need to stay at the same hotel as another delegation due to sharing a bus or an athlete with that delegation? If yes, please list the other delegation


Delegation Name: _____

Are there specific needs regarding hotel rooms? Please indicate all preferences that apply.

First Floor Needs:

Total # of rooms on the first floor: _____

Handicap Accessible:

Total # that are  _____

Total # of Rooms for Delegation:

Thursday Night: _____

Friday Night: _____

Total # of Rooms (2 Double Beds): _____

Total # of Rooms (King Bed) _____

Other Room Comments: _____

****Please indicate which venue you wish to be nearest: (Note it is not guaranteed)**

Golf _____

Bocce/Softball: _____

Make copies of this form as needed. Local Program should keep a copy for their records

Lodging Form

Please complete this form and return with your registration materials. A reminder: When you plan your room assignments the ratio should be on a 3:1 Athlete to Coach/Chaperone ratio.

All incidental room costs (room service, phone charges, movies, etc.) as well as rooming for additional coaches will be the responsibility of the Local Program.

Delegation Name: _____ 0
Please Print

Contact Name: _____

Phone: (Home/Work) _____ (Cell) _____

Email: _____

Room Assignments

-- Please indicate if the room needs to be a Handicapped accessible room by checking the Handicapped symbol box. --



1	Coach, Chaperone or Unified Partner: _____	<input type="checkbox"/>	<input type="text"/>
	Athlete/Unified Partner: _____		
	A: _____ B: _____ C: _____		
2	Coach, Chaperone or Unified Partner: _____	<input type="checkbox"/>	<input type="text"/>
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	Athlete/Unified Partner: _____		
	A: _____ B: _____ C: _____		
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Special Olympics Arizona

The Timothy Lupton-Stegall

Most Inspirational Athlete Nomination Form

The most inspirational Athlete Award will be given out at the Opening Ceremonies. This award recognizes an athlete that exemplifies the "True Spirit of Special Olympics." A committee will review the nomination forms and observe the athletes throughout the weekend. Please be selective in your nominations. The athlete should be actively training and should be considered a role model regarding courage and sportsmanship.

If you nominate an athlete for this award, the delegation must be present at the Opening Ceremonies.

Delegation Name: _____ 0

Athlete Being Nominated: _____

What Sport(s) will this athlete be participating in at these games: _____

Please give statements and specific examples regarding this athlete in the following aspects:

Attitude: _____

Enthusiasm: _____

Sportsmanship: _____

How does this athlete exemplify the Spirit of Special Olympics: _____

Additional Comments: _____

Contact Information:

Person Nominating this Athlete: _____

Email: _____

Phone: _____

Return this form to the Area Director.