

AAU JUNIOR OLYMPIC GAMES HOUSING FORM



To request an exemption from the housing policy, please complete this form and fax along with the required documentation to 515-244-9757 (Attention to AAU Junior Olympic Games) or email kali@catchdesmoines.com. You will be notified by email to the address provided below if your exemption has been approved and recorded.

*** If submitting this form, please fax or email at least 10 days prior to the sport's entry deadline.

Partic	ipant information		
Sport:			
* If su	bmitting for a team, ple	ase attach a list athletes and coacl	hes on the team.
Parent	/Guardian/Coach Name:		
Phone	Number:		
Email .	Address:		
Exem	otion Information (Pleas	se Check one of the following):	
	FAMILY-OWNED VACATION HOME / TIMESHARE Team members will be staying at a family-owned vacation home or timeshare. Required Documentation:		
	Name of Home Owner:		Address:
	Phone Number:	Email Address:	
	STAYING WITH FAMILY MEMBER		
	Name of Family Member	er:	_Address:
	Phone Number:	Email Address:	
	LOCAL RESIDENT EXEMPTION All team members are local residents Required Documentation: 1. Fax a copy of the Coach's Driver's License		
	USING REWARD POINTS OR EMPLOYEE DISCOUNT AT HOTEL - Attach copy of reservation		
	NO VACANCY AT HOTELS RECOMMENDED - Name of hotel with no vacancy: *** If the local host is able to find a comparable property and rate, the team will be required to stay at the designated property for the duration of the event.		
	OTHER ACCOMMODA - Name of accommoda	ATIONS tions:	
	- Rate: \$	Number of Rooms:	Number of Room Nights: