Default Question Block



2025 WIAA State Track and Field Campus Housing Registration

The Office of Residence Life is proud to provide housing for WIAA athletes and their coaching staff. Please complete the following form to register your team for on-campus housing at UWL for the nights of Thursday, June 5th, and Friday, June 6th.

Assignments will be made prior to teams arriving at the Recreational Eagle Center (REC). You will find out your team's assignment when you check in at the REC. We will provide assignments with the following guidelines:

- Only members of the same team will be assigned in the same bedrooms.
- Coaches will only be assigned with other coaches. Athletes will only be assigned with other athletes.
- Male and female guests will be assigned to separate bedrooms.
- Single rooms are not guaranteed to be provided.

Please note: If you are only staying for one night, that may impact the residence hall in which your team is assigned.

Campus housing is limited. In the event that received reservations exceed our available campus housing, we will notify the latest submitted reservation contacts as soon as possible.

| School Information | |
|--------------------|--|
| School Name | |
| Address | |

| /31/25, 3:00 PM | Qualtrics Survey Soft | ware |
|---------------------------------|---------------------------------------|-------------------------------------|
| City | | |
| Zip | | |
| Phone | | |
| Contact Information | | |
| First Name | | |
| Last Name | | |
| Email Address (Confirmation sen | t to this address) | |
| Confirm Email Address | | |
| Cell Phone Number | | |
| Number of Athletes | | |
| | Thursday Night | Friday Night |
| Male | 0 | 0 |
| Female | 0 | 0 |
| | | |
| Number of Coaches/Staff | | |
| | Thursday Night | Friday Night |
| Male | 0 | 0 |
| Female | 0 | 0 |
| | | |
| Do any of your coaches or ath | lletes require special housing acc | commodations? |
| No no coach or athlete require | res special housing accommodations | |
| _ | nd provide the gender and role (athle | |
| accommodation below.} | Ta provide the gender and role (atmo | no or sousin, or person (e) needing |
| | | |
| | | |
| | <i>l</i> . | |
| | | |
| What day will your team be ch | ecking in? | |
| ◯ Thursday, June 5th | | |
| Friday, June 6th | | |
| O 1112121, 121112 | | |

| Check-in at the Recreational Eagle Center (REC 5th, and 8 a.m. to noon on Friday, June 6th. Apprin? | , , , , , , , , , , , , , , , , , , , , |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Time: | |
| Coach's Emergency Contact Information | |
| First Name | |
| Last Name | |
| Cell Phone Number | |
| Confirm Cell Phone Number | |
| It is the responsibility of the team Coach(es) to sustay in the University of Wisconsin-La Crosse resall WIAA Track Meet housing policies and proced | sidence halls and to ensure that they follow |

Block 1

Your Reservation is not yet complete. Review the reservation below. If changes are needed, please return to the following page and adjust your information before submitting. <u>Click SUBMIT RESERVATION</u> at the bottom of the page to finalize your reservation.

Reservation Overview:

I have read and understand this information.

Number of Athletes

| | Thursday Night | Friday Night |
|--------|---------------------------------------|---------------------------------------|
| Male | \${q://QID3/ChoiceTextEntryValue/2/1} | \${q://QID3/ChoiceTextEntryValue/2/2} |
| Female | \${q://QID3/ChoiceTextEntryValue/4/1} | \${q://QID3/ChoiceTextEntryValue/4/2} |

Number of Coaches

| | Thursday Night | Friday Night |
|--------|----------------------------------------------------------------------------------------|---------------------------------------|
| Male | \${q://QID5/ChoiceTextEntryValue/2/1} | \${q://QID5/ChoiceTextEntryValue/2/2} |
| Female | Female \$\{q://QID5/ChoiceTextEntryValue/4/1\} \$\{q://QID5/ChoiceTextEntryValue/4/1\} | |

Total Number of Guests with Your Team

| Thursday Night | Friday Night | Total Due |
|-------------------|-----------------|-----------|
| 0 | 0 | \$ 0 |

Do any of your coaches or athletes require special housing accommodations?

 $\label{eq:continuity} $$ q://QID10/ChoiceGroup/SelectedChoicesTextEntry$$

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