



OFFLINE REGISTRATION/DONATIONS FORM

Name _____

Address _____

City _____ State _____ Zip _____ DOB (optional) _____

Phone (____) _____ E-mail _____

I am plunging as an Individual I am a Team Captain

As you collect sponsors and donations, please provide their information below:

Donors	Amount
Name: _____ <input type="radio"/> Cash <input type="radio"/> Check # _____	\$ _____
Address: _____	
Phone: _____	Email _____
Name: _____ <input type="radio"/> Cash <input type="radio"/> Check # _____	\$ _____
Address: _____	
Phone: _____	Email _____
Name: _____ <input type="radio"/> Cash <input type="radio"/> Check # _____	\$ _____
Address: _____	
Phone: _____	Email _____

Lauren Reischer
lreischer@nyso.org
(917) 378-0020

As you collect sponsors and donations, please provide their information below:

Donors Name:

Amount

Name: _____ Cash Check # _____ \$ _____

Address: _____

Phone: _____ Email _____

Name: _____ Cash Check # _____ \$ _____

Address: _____

Phone: _____ Email _____

Name: _____ Cash Check # _____ \$ _____

Address: _____

Phone: _____ Email _____

Name: _____ Cash Check # _____ \$ _____

Address: _____

Phone: _____ Email _____

Name: _____ Cash Check # _____ \$ _____

Address: _____

Phone: _____ Email _____

Name: _____ Cash Check # _____ \$ _____

Address: _____

Phone: _____ Email _____

Name: _____ Cash Check # _____ \$ _____

Address: _____

Phone: _____ Email _____

**Bring this with you on the day of the plunge
or mail /contact:**

**Special Olympics New York
Attn: Lauren Reischer
211 E 43rd St. Suite 802
New York, NY 10017**

****please mail by November 1st to allow time for processing**
Please do NOT mail cash, send a check or mail order.**

T O t a l	Cash:	Check/MO#
	Checks:	
	Total:	