



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 I am joining a Team

Team Name: _____

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 _____

**Woodlawn Beach State Park, Hamburg, NY
December 6th and 7th, 2024**

Erica Raepple (716) 909-6444 eraepple@nyso.org

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: Erica Raepple
2821 Wehrle Drive Suite 7
Williamsville, NY 14221

***please mail by November 27th to allow time for processing
online. You can also bring this form with you on Plunge day.
Donations will be processed after Plunge and applied to your
personal plunge page.*

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