

OFFLINE REGISTRATION/DONATIONS FORM

Name				
Address				
City	State_	Zip	DOB (optional)	
Phone () E-m	nail			
O I am plunging as an Individual	O	I am a Team Captain	O I am joining a Team Name:	
As you collect sponsors and dona	tions, pl	ease provide their inf	ormation below:	
Donors				Amount
Name:		Cash O Check	k #	\$
Address:				
Phone:				
Name:		O Cash O Checl	k #	\$
Address:				
Phone:				
Name:				
Address:				
Phone:		Email		

Town of Brookhaven Polar Plunge Mount Sinai Beach November 23, 2024

Rebecca Hoffmann

(631)458-1579

rhoffmann@nyso.org

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

Donors Name:		Amount
Name:	○ Cash ○ Check #	\$
Address:		
Phone:	Email	
Name:	O Cash O Check #	\$
Address:		
Phone:		
Name:	O Cash O Check #	\$
Address:		
Phone:		
Name:	O Cash O Check #	\$
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Name:	O Cash O Check #	\$
Address:		
Phone:		
Name:	O Cash O Check #	\$
Address:		
Phone:	Email	
Name:	O Cash O Check #	\$
Address:		

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

Special Olympics New York Attn: Rebecca Hoffmann 560 Broadhollow Road, Suite106 Melville, NY 11747

**Please mail by November 10th to allow time for processing online. You can also bring this form with you on Plunge day. Donations will be processes after Plunge and applied to your personal plunge page.

