



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

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 _____

**Oneida Shores Park, Brewerton, NY 13029
December 8th, 2024**

Michaela Darbyshire 315-625-3625 mdarbyshire@nyso.org

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

Donors Name:	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 _____
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 _____

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

Special Olympics New York
Attn: Michaela Darbyshire
6315 Fly Road
East Syracuse, NY 13057

***please mail by November 27th to allow time for processing online.
You can also bring this form with you on Plunge day.*

T O T A L	Cash:	Check/MO#
	Checks:	