



OFFLINE REGISTRATION/DONATIONS FORM

Name _____

Address _____

City _____ State _____ Zip _____ DOB (optional) _____

Phone (_____) _____ E-mail _____

I am a Team Captain I am joining a Team

Team Name: _____



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 _____

Ithaca Polar Plunge
1740 Taughannock Blvd., Trumansburg, NY 14886
March 23, 2024

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: Michaela Darbyshire
6315 Fly Road
East Syracuse, NY 13057

**T
O
T
A
L**

Cash: _____ Check/MO# _____

Checks: _____

***please mail by March 1st to allow time for processing online. You
can also bring this form with you on Plunge day.*