



## OFFLINE REGISTRATION & DONATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I am plunging:

As an Individual     As a Team Captain     As a Team Member

Team Name: \_\_\_\_\_

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

Name: \_\_\_\_\_ Cash/Check# \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Cash/Check# \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Cash/Check# \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Donations can also be made directly on the  
website: [www.PolarPlungeNY.org/OrangeCounty](http://www.PolarPlungeNY.org/OrangeCounty)



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Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Cash/Check# \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Special Olympics New York

Attn: Teresa Gilli

1207 Route 9, Suit 1C

Wappingers Falls, NY 12590

\*\*please mail by **November 2nd** 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.

Cash:  
Check/MO#

Checks:

**TOTAL:**

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