



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 _____

**Town of Brookhaven Polar Plunge
Mount Sinai Beach
November 18, 2023**

Rebecca Hoffmann

(631)458-1579

rhoffmann@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: Rebecca Hoffmann
560 Broadhollow Road, Suite 106
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 processed after Plunge and applied to your personal plunge page.*

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