



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 _____

**Oneida Shores Park, Brewerton, NY 13029
December 3rd, 2023**

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.
Donations will be processed after Plunge and applied to your
personal plunge page.*

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