



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 Oyster Bay Beach, Massapequa
March 23, 2024**

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

T o t a l	Cash:	Check/MO#
	Checks:	
	Total:	