



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 _____

**Sharpe Reservation, Camp Mariah, Fishkill NY
Sunday, February 17, 2024**

Teresa Gilli 845.262.6011 tgilli@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: Teresa Gilli
1207 Route 9, Suite 1C
Wappingers Falls, NY 1259

***please mail by February 10th to allow time for processing online. You can also bring this form with you on Plunge day. Donations will be processed after the Plunge and applied to your personal plunge page.*

T	Cash:	Check/MO#
O		
t	Checks:	
a		
I	Total:	