



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 _____	

**Roger Robach Community Center, Ontario Beach Park, Rochester, NY
Sunday, February 4, 2024**

Kelley Ligozio

(585) 358-0603

kligozio@nyso.org

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

Donors Name:

Amount

Name: _____ ☐ Cash ☐ Check # _____ \$ _____

Address: _____

Phone: _____ Email _____

Name: _____ ☐ Cash ☐ Check # _____ \$ _____

Address: _____

Phone: _____ Email _____

Name: _____ ☐ Cash ☐ Check # _____ \$ _____

Address: _____

Phone: _____ Email _____

Name: _____ ☐ Cash ☐ Check # _____ \$ _____

Address: _____

Phone: _____ Email _____

Name: _____ ☐ Cash ☐ Check # _____ \$ _____

Address: _____

Phone: _____ Email _____

Name: _____ ☐ Cash ☐ Check # _____ \$ _____

Address: _____

Phone: _____ Email _____

Name: _____ ☐ Cash ☐ Check # _____ \$ _____

Address: _____

Phone: _____ Email _____

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

**Special Olympics New York
Attn: Kelley Ligozio
1 Grove Street, Suite 216
Pittsford, New York 14534**

*****please mail by January 29th 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
O
T
A
L**

Cash: Check/MO#

Checks:

Total: