



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 _____	

**Westchester Polar Plunge
Rye Playland– November 11, 2023**

Kaitlin Rosner (212) 661-5217 krosner@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: Kaitlin Rosner
211 East 43rd St., Suite 1100
New York, NY 10017**

*****please mail by Nov. 3rd to allow time for processing online. You
can also bring this form with you on Plunge day.
Donations will be processes after Plunge and applied to your
personal plunge page.***

**T
O
T
A
L**

Cash: Check/MO#

Checks:

Total: