



## OFFLINE REGISTRATION & DONATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I am plunging:

As an Individual     As a Team Captain     As a Team Member

Team Name: \_\_\_\_\_

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

Name: \_\_\_\_\_ Cash/Check# \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Cash/Check# \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Cash/Check# \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Donations can also be made directly on the website:

<http://events.nyso.org/StLawPP2024>



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Name: \_\_\_\_\_ Cash/Check# \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Cash/Check# \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Cash/Check# \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Cash/Check# \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Cash/Check# \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Special Olympics New York  
Attn: Carolyn Braunius  
94 New Karner Road, Suite 208  
Albany, NY 12203

\*\*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.

Cash:  
Check/MO#

Checks:

**TOTAL:**

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