



## 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:  
[www.PolarPlungeNY.org/Buffalo](http://www.PolarPlungeNY.org/Buffalo)



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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: \_\_\_\_\_

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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: Erica Raepfle  
2821 Wehrle Drive Suite 7  
Williamsville, NY 14221

\*\*please mail by Nov 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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