



## 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/DutchessCounty](http://www.PolarPlungeNY.org/DutchessCounty)



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

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

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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: Susanne O'Neil  
1207 Route 9, Ste. 1C  
Wappingers Falls, NY 12590

\*\*please mail by November 1st 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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