Special Olympics New York



OFFLINE REGISTRATION & DONATION FORM

Name: _____

Address:_____

City: _____State: _____Zip:_____

*emergency Contact Name and number_____

Phone #: _____Email: _____

I am plunging:

☐ As an Individual ☐ As a Team Captain ☐ As a Team Member

Team Name: _____

Hoodie size (if you earn an incentive hoodie)_____

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

Name:_____Cash/Check#_____Amount:_____

Address: _____

Phone: _____Email:_____

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Address: _____

Phone: _____Email:_____

Name:_____Cash/Check#_____Amount:_____

Address: _____

Phone: _____Email:_____

Donations can also be made directly on the website:
www.PolarPlungeNY.org/Ithaca

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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: Amber Mott
6315 Fly Road
East Syracuse, NY 13057

**please mail by March 7th 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.

Cash:
Check/MO#

Checks:

TOTAL:

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