Special Olympics New York

# 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:_____

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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/TOBAY

Special Olympics New York

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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: Rebecca Hoffmann
500 Bi-County Blvd. Suite 465,
Farmingdale, NY 11735

**please mail by March 10th 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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