



## OFFLINE REGISTRATION/DONATIONS FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ DOB (optional) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

I am plunging as an Individual       I am a Team Captain       I am joining a Team

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

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

| Donors   | Amount      |
|--|-------------|
| Name: _____ <input type="radio"/> Cash <input type="radio"/> Check # _____ | \$ _____    |
| Address: _____   |             |
| Phone: _____   | Email _____ |
| Name: _____ <input type="radio"/> Cash <input type="radio"/> Check # _____ | \$ _____    |
| Address: _____   |             |
| Phone: _____   | Email _____ |
| Name: _____ <input type="radio"/> Cash <input type="radio"/> Check # _____ | \$ _____    |
| Address: _____   |             |
| Phone: _____   | Email _____ |

**Splish Splash Water Park | 2549 Splish Splash Drive | Calverton, NY 11933**

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