

OFFLINE REGISTRATION/DONATIONS FORM

Name				
Address				
City	_State	Zip	DOB (option	al)
Phone () E-ma	il			
O I am plunging as an Individual O I am a Team Captain O I am joining a Team Team Name:				
As you collect sponsors and donati	ions, pleas	se provide the	ir information be	elow:
Donors				Amount
Name:		O Cash O Check #		\$
Address:				
Phone:				
Name:		O Cash O	O Cash O Check #	
Address:				
Phone:				
Name:		O Cash O	Check #	<u> </u>
Address:				
Phone:		E:1		

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

Alexis Dawson

(631)-386-8038

adawson@nyso.org

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

Donors Name:		Amount
Name:	O Cash O Check #	\$
Address:		
Phone:		
Name:	O Cash O Check #	\$
Address:		
	Email	
Name:	O Cash O Check #	\$
Address:		
Phone:		
Name:		
Address:		
Phone:		
Name:	O Cash O Check #	\$
Address:		
Phone:		
Name:	O Cash O Check #	\$
Address:		
Phone:	Email	
Name:		
Address:		

Bring this with you on the day of the plunge or mail /contact:

Special Olympics New York Attn: Alexis Dawson 560 Broadhollow Rd., Suite 106 Melville, NY 11747

**Please mail by April 18th 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.

