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:_____

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/**NH27**