



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/CNY



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Name: _____ Cash/Check# _____ Amount: _____

Address: _____

Phone: _____ Email: _____

Name: _____ Cash/Check# _____ Amount: _____

Address: _____

Phone: _____ Email: _____

Name: _____ Cash/Check# _____ Amount: _____

Address: _____

Phone: _____ Email: _____

Name: _____ Cash/Check# _____ Amount: _____

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 November 27th 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.

Cash:
Check/MO#

Checks:

TOTAL:

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