COOL SCHOOLS DIP REGISTRATION FORM

Thank you for participating in the Dip! If you are not registering online, please complete this form and send to specialolympics@sonh.org.

PERSONAL INFORMATION

Name _____ Date of Birth _____

Email Address _____ ☐ Home ☐ Work

Phone Number _____ ☐ Home ☐ Cell ☐ Work

Address _____ ☐ Home ☐ Work

City _____ State _____ Zip _____

Gender ☐ Male ☐ Female ☐ Other

Are you a student or a faculty/staff member? ☐ Student ☐ Faculty

What year will you graduate? _____

DIP INFORMATION

I am a: ☐ Dipper ☐ Sunbathing Bear ☐ DIY Dip

Check one of the boxes below:

I am a: ☐ High School Student/Faculty ☐ Middle School Student/Faculty

School Name _____ Team Captain's name_____

ADDITIONAL INFORMATION

Which of the following best describes you?

☐ American Indian/Alaska Native ☐ Black or African American ☐ White or Caucasian ☐ Asian American

☐ Native Hawaiian or Other Pacific Islander ☐ Hispanic or Latinx ☐ Prefer not to answer

☐ More than one race

Special Olympics New Hampshire
PO Box 3598 Concord, NH 03302 **Tel** 603 624 1250 **Fax** 603 624 4911
www.sonh.org **Facebook**.com/SpecialOlympicsNH **Twitter** @SONewHampshire
Last Updated 10/9/2026