



MEGA DIP REGISTRATION FORM

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

DIP INFORMATION

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

How did you hear about the Dip?

- ☐ Mail ☐ Email ☐ Friend or Co-worker ☐ TV or Radio ☐ Special Olympics Athlete ☐ Other