



HIGH SCHOOL PLUNGE REGISTRATION FORM

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

PERSONAL INFORMATION

Name _____	Date of Birth _____
Email Address _____	<input type="checkbox"/> Home <input type="checkbox"/> Work
Phone Number _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Address _____	<input type="checkbox"/> Home <input type="checkbox"/> Work
City _____	State _____ Zip _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Are you a student or a faculty/staff member? <input type="checkbox"/> Student <input type="checkbox"/> Faculty/Staff	
What year will you graduate? _____	

PLUNGE INFORMATION

I am a: <input type="checkbox"/> Plunger <input type="checkbox"/> Pampered Penguin <input type="checkbox"/> DIY Plunge
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

How did you hear about the Plunge?

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