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 _____ ☐ 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/Staff

What year will you graduate? _____

PLUNGE INFORMATION

I am a: ☐ Plunger ☐ Pampered Penguin ☐ 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

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