





Thank you for participating in the Dip! If you are not registering online, please complete this form and send to FallonW@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	
l am a: □ Dipper □ Sunbathing Bear □ DIY Dip	
School Name Team Capt	ain'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	
☐ More than one race How did you hear about the state of the state o	
How did you hear about th	he Dip?
	he Dip?