



2020 PENGUIN PLUNGE REGISTRATION FORM

Thank you for participating in the Penguin Plunge! If you are not registering online at sonh.org, please use this form.

PERSONAL INFORMATION

Name _____ Date of Birth _____

Email Address _____ Home Work

Phone Number _____ Home Cell Work

Address _____ Home Work

City _____ State _____ Zip _____

Gender Male Female

PLUNGE INFORMATION

I am a Plunger Pampered Penguin

Team Name _____ Team Captain's Name _____

How many Plunges have you participated in, including this one? _____

PAYMENT INFORMATION

I understand that by submitting this Registration Fee, I agree to raise the minimum of an additional \$300 (total of \$350) to participate in the Penguin Plunge

Payment Method My check is enclosed.
 Charge my credit card for the amount indicated above.

Account Number _____

Expiration Date _____ Security Code _____

Signature _____ Date _____

LOCAL PROGRAM INFORMATION

All funds raised at the Penguin Plunge benefit Special Olympics New Hampshire. If you have affiliation with specific Local Programs, you may designate up to 100% of your funds raised to those programs (up to three). If you would like to donate to a specific program, please indicate the program and amount below.

Percentage _____ Local Program _____

Percentage _____ Local Program _____

Percentage _____ Local Program _____