



## **2011 Polar Plunge Plunger Registration Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Age as of 02.19.11: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Team Name (if applicable): \_\_\_\_\_

Plunging on behalf of a law enforcement agency? If so, tell us who, so we can help keep track:

\_\_\_\_\_

How did you hear about the Polar Plunge? \_\_\_\_\_

Shirt Size:      Adult only – circle one

Small

Medium

Large

XL

2XL

3XL

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***Please email, fax or mail completed forms the below address:***

e:      [Allison.Kaczenski@SpecialOlympicsGA.org](mailto:Allison.Kaczenski@SpecialOlympicsGA.org)

f:      (770) 216-8339

m:      Special Olympics Georgia

Attn: Polar Plunge

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Suite 400, Building 400

Atlanta, GA 30340