CONTRIBUTION FORM

Name _____ (Team Name) _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

NAME	ADDRESS	PLEDGE
		$
		$
		$
		$
		$
		$
		$
		$
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		$
		$
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		$
		$
		$
		$

Please make checks payable to Special Olympics Arkansas.
For more information contact Jessica Fagan at 870-307-0383.
Email: jessmikefam40383@sbcglobal.net
www.specialolympicsarkansas.org

Subtotal $_____
Firstgiving $_____
Matching Gift $_____
Total Enclosed $_____

SPECIAL AWARDS

- **Awards will be presented to the INDIVIDUAL and TEAM with the best costumes.**
- **Awards will be presented to the INDIVIDUAL and TEAM who raised the most money.**

$50 Minimum Donation Per Plunger
- Allows You To Plunge
- Official Plunge T-Shirt

$250 Collected Donations
- Official Plunge T-Shirt
- LED Flashlight and Bag

$500 Collected Donations
- Official Plunge T-Shirt
- LED Flashlight and Bag
- Large Plush Beach Towel

$1000 + Collected Donations
- Official Plunge T-Shirt
- LED Flashlight and Bag
- Large Plush Beach Towel
- Insulated Picnic Basket

Fundraising Made Simple!

Firstgiving

- set up an online fundraising page and tell your social network.
- ask your network to donate online through your Firstgiving webpage.
- print and bring a copy of your donation page.

www.firstgiving.com/soar

REGISTRATION

Last Name _____

First Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Age _____ ☐ Male ☐ Female

Email _____

I will be plunging as: ☐ Individual ☐ Pair

☐ Team _____

**A waiver must be signed by all plungers or a parent/guardian for those under 18 years of age.

WAIVER & RELEASE

I hereby waive all claims against Special Olympics Arkansas, sponsors, or any personnel for any injury I might suffer in this event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

_____

Plunger Signature Date

(Parent Signature if under 18)