



2nd Annual 2010
North Carolina Polar Plunge
benefiting Special Olympics

REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

AGE _____

HOME PHONE (____) _____

EMAIL ADDRESS _____

GROUP NAME (IF ANY) _____

SHIRT SIZE _____

WAIVER SIGNED? (CIRCLE ONE) **YES** **NO**

NO WET SUITS / DRY SUITS

NO ALCOHOL

NO DIVING