



## Registration Form

Please register me for the Plunge in:

Chattanooga	Clarksville	Jackson	Johnson City	Knoxville
Lebanon	Manchester	Memphis	Nashville	Union City

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

E-Mail \_\_\_\_\_

Employer/School \_\_\_\_\_

Organization (civic club, student organization, church group, law enforcement agency etc...)

I am registering as:

Individual \_\_\_\_\_ Member of Team \_\_\_\_\_

(All plungers will sign a waiver of release at check-in and plungers under 18 years of age must have a parent or guardian signature.)

My Shirt Size (circle one)      S      M      L      XL      XXL      XXXL

Mail or fax the completed form to:

Special Olympics Tennessee  
461 Craighead St.  
Nashville, TN. 37204  
Fax: 615-327-1465  
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