



Registration Form

Please register me for the Plunge in:

Chattanooga Cheatham County Clarksville Jackson Knoxville
Lebanon Memphis Nashville Union City Upper Cumberland

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