



PLEDGE FORM

(BE SURE TO RAISE A MINIMUM OF \$50 FOR THE PRIVILEGE TO PLUNGE!)

Plunge Location: _____

PLUNGER NAME

TEAM NAME (IF PART OF TEAM OF 4)

NAME	TELEPHONE	PLEDGE \$
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

ADDITIONAL REGISTRATION INFORMATION

PLUNGER ADDRESS:

DAYTIME PHONE:

EMAIL:



**Special
Olympics**
West Virginia