



2024 Polar Plunge at Versailles State Park  
**COOL SCHOOL TEAM  
REGISTRATION FORM**  
Saturday, February 17, 2024

To learn more please visit [www.soindiana-rod.org/polarplunge](http://www.soindiana-rod.org/polarplunge)

Teams are a group (10 to 20) of your classmates, teachers, friends, sports teammates, or family who get together to raise money for the Plunge and enjoy the benefits of our "Cool School" team program by representing their school.



**Please pre-register by February 1st to receive the official Polar Plunge t-shirt!**

Mail completed team & team member registration forms and pledges collected (\$99 Minimum Each Plunger) to:  
Special Olympics Indiana, 429 Manchester St., Aurora, IN 47001. OR bring day of event.

School Name \_\_\_\_\_ Number of Team Members \_\_\_\_\_

Cool School Team Captain \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Email Address \_\_\_\_\_

➔ Check here ☐ if your team created and raised funds online at [www.soindiana-rod.org/polarplunge](http://www.soindiana-rod.org/polarplunge). All team members will be required to sign a waiver at registration table day of event. If team member is under the age of 18, parent will be required to sign waiver. If parent is not going to be present, please download waiver at [soindiana-rod.org/polarplunge](http://soindiana-rod.org/polarplunge) and bring signed waiver with you.

**Raise \$99, get cool prizes! Raise more, get cooler prizes!**

\$99 minimum to plunge. Check out the prizes at [soindiana-rod.org/polarplunge](http://soindiana-rod.org/polarplunge).

COOL SCHOOL TEAM MEMBER		Student/ Faculty	AMOUNT RAISED
Captain		<input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Coach	
2		<input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Coach	
3		<input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Coach	
4		<input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Coach	
5		<input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Coach	
6		<input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Coach	
7		<input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Coach	
8		<input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Coach	
9		<input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Coach	
10		<input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Coach	
	Please make checks payable to Special Olympics Indiana.	<b>Total Raised:</b>	<b>\$</b>

If more there more than 10 members to your team, please copy form and attach.  
Check here ☐ if second form is attached.