

2024 Polar Plunge at Versailles State Park PUBLIC SAFETY TEAM REGISTRATION FORM

Saturday, February 17, 2024

Registration 11:30 am to 1:30 am
Plunge Time 2:00 pm

To learn more please visit www.soindiana-rod.org/polarplunge



Teams are a group (10 to 20) of your fellow police officers, firemen, or EMTs who get together to raise money for the Plunge and enjoy the benefits of our Public Safety Team program by representing their public safety organization.

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

Mail completed team & team member registration forms and pledges collected (\$75 Minimum Each Plunger) to:
Special Olympics Indiana, 429 Manchester St., Aurora, IN 47001. OR bring day of event.

Public Safety Organization _____ Number of Team Members _____

Public Safety Team Captain _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Male _____ Female _____

Email Address _____

➔ Check here _____ if you created an online fundraising page and raised funds at 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 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.

PUBLIC SAFETY TEAM MEMBER		TEAM MEMBER IS	AMOUNT RAISED
Captain		<input type="checkbox"/> Fireman <input type="checkbox"/> EMT <input type="checkbox"/> Police Officer	
2		<input type="checkbox"/> Fireman <input type="checkbox"/> EMT <input type="checkbox"/> Police Officer	
3		<input type="checkbox"/> Fireman <input type="checkbox"/> EMT <input type="checkbox"/> Police Officer	
4		<input type="checkbox"/> Fireman <input type="checkbox"/> EMT <input type="checkbox"/> Police Officer	
5		<input type="checkbox"/> Fireman <input type="checkbox"/> EMT <input type="checkbox"/> Police Officer	
6		<input type="checkbox"/> Fireman <input type="checkbox"/> EMT <input type="checkbox"/> Police Officer	
7		<input type="checkbox"/> Fireman <input type="checkbox"/> EMT <input type="checkbox"/> Police Officer	
8		<input type="checkbox"/> Fireman <input type="checkbox"/> EMT <input type="checkbox"/> Police Officer	
9		<input type="checkbox"/> Fireman <input type="checkbox"/> EMT <input type="checkbox"/> Police Officer	
10		<input type="checkbox"/> Fireman <input type="checkbox"/> EMT <input type="checkbox"/> Police Officer	
Please make checks payable to Special Olympics Indiana.		Total Raised:	\$

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

