



2017 SUPER PLUNGER BIO

Name:

SUPER Plunge Team:

LETR Department to Credit:

Individual Fundraising Goal: \$

Sweatshirt Size (Men's Small – 3XL available):

Shoe Size (No ½ Sizes available):

Men's _____ Women's _____

On-Site Support Person:

BASIC CONTACT INFORMATION

Home Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email Address:

Age:

Occupation/Company/Department:

Work Address:

City:

State:

ZIP:

LOCAL MEDIA INFORMATION

Local Newspaper:

Local Radio:

PLUNGE EXPERIENCE

SPECIAL OLYMPICS/TORCH RUN EXPERIENCE

WHY ARE YOU TAKING THE SUPER PLUNGE?

PLEASE COMPLETE AND RETURN THIS FORM TO [SANDY NASH](#) BY JANUARY 30, 2017