

Paulding County 2nd Annual



2019

Saturday February 16th
9:00am-1:00pm

Plunger Name/ Team: _____

Phone: (H) _____ (W) _____ Email: _____

Home Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Total Team Members: _____

FOR OFFICE USE ONLY
DATE RCV'D: _____
RECV'D BY: _____
PAID: \$ _____
CHECK: \$ _____
CASH: \$ _____

Signature _____ Date _____

Signature _____ Date _____

(Parent/Guardian)

**All proceeds will go to Paulding County
Special Olympics Athletes**

Sponsored by:

