

Saturday, March 6, 2010

On the beach at Rocky Gap State Park • 301-689-5590
**Benefitting Special Olympics of Allegany County
 & Other Developmentally Disabled Programs**



6th Annual Hooley Plunge

Registration at 10 AM and Plunge at 1:00 PM

Take the Plunge! Registration Form

Mr./Mrs./M _____

Organization/Group Name (if applicable) _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

Make All Checks Payable to Wamba Caravan #89. Donations Are Tax Deductible To The Extent Of The Law.

T-shirt Size (circle one) **Small** **Medium** **Large** **XL** **XXL** **XXXL**

Total Money Raised in Pledges \$ _____

Donor's Name	Address/Phone	Amount
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Thanks to our sponsors:

*The Shanty
Irish*

TALK radio 560



Cumberland **Times-News**



Benefitting Special Olympics of Allegany County
& Other Developmentally Disabled Programs



6th Annual
Hooley Plunge



You must bring your completed registration form with you and **all money raised** (checks preferred) and turn in at registration desk. Dunk attire is swimsuit only, t-shirt optional. Shoes or surf mocs are required. **With your \$50 minimum in pledges, you will receive the official Plunge t-shirt.** With \$500 or more in pledges you will receive the official Plunge Hoodie.

2010 SPECIAL OLYMPICS WAIVER

I _____ understand that the Wamba Caravan #89, The International Order of The Alhambra, Rocky Gap State Park, and/or volunteers of the Hooley Plunge assume no responsibility for injuries, which I may sustain as a result of my physical condition or resulting from my participation in the Hooley Plunge. I expressly acknowledge on behalf of myself and my heirs that I assume risk for any and all injuries and illnesses which may result from my participation in this activity. I hereby release and discharge the Wamba Caravan #89, The International Order of The Alhambra, its Board of Directors, assigns and/or employees from any and all claims of injury, death, loss or damage which I may suffer as a result of my participation in the Hooley Plunge.

I understand that the Wamba Caravan #89, The International Order of The Alhambra and Rocky Gap State Park are not responsible for personal property lost or stolen while on the premises of the Hooley Plunge.

I give permission to the Wamba Caravan #89, The International Order of The Alhambra to use, without limitation, or obligation, photographs, film footage, or tape recordings which may include my image or voice for purposes of promoting or interpreting the Hooley Plunge.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Email _____

DOB ____/____/____

Signature of Participant

Date

Signature of Parent/Guardian (if under 18)

Date