

2012 Polar Bear Plunge & Glacial Games

Sponsorship/Donation Form

Saturday, February 18th

Dear Potential Sponsor:

I plan to walk, run or jump into Lake Texoma and compete in glacial games to benefit Special Olympics and local volunteer fire departments. Make checks to Texoma WestEnd Association. All contributions are tax-deductible*. Thank you!

Team or Contestant Name (I.E. Cool Cubes): _____
TEAM MUST CONSIST OF 4 MEMBERS

Individual or Team Captain Name(Your Real Name): _____

Phone Number: _____ E-Mail Address: _____

	Sponsor Name	Address	Amount Collected From Sponsor	Form of Payment
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Participants:

We hope that each participant finds at least 10 sponsors of \$10 each. To receive an "I took the Plunge T-shirt" you must raise a minimum of \$50 or \$200 for team donations. Please mail forms and donations to Texoma WestEnd Association, c/o Cedar Mills Marina, 500 Harbour View Road, Gordonville, TX 76245 by February 10, 2012, or you can bring your form and donations the day of the Plunge, but we can not guarantee availability of T-shirts. Children under the age of 16 must be accompanied by parent or legal guardian. I raised \$50 in donations! I wear an adult size: _____ Small _____ Medium _____ Large _____ Extra Large

POLAR BEAR PLUNGE RELEASE/WAIVER

The undersigned being fully aware of the dangers and risks involved with respect to lake and water activities, hereby release and forever discharges Texoma WestEnd Association and/or Cedar Mills Marina & Resort, their officers, directors, assigns, representative or agents from any and all claims by the undersigned resulting from or out of the activities related to the Polar Bear Plunge to which this release relates, including but not limited to any claims based upon or arising out of the negligence of Texoma WestEnd Association and/or Cedar Mills Marina & Resort or any of its officers or employees provided.

Participant / Team Captain Signature: _____

Parent or Legal Guardian Signature: _____

_____ Date

_____ Date

If under 16 yrs of age, a parent or legal guardian must authorize participation and acknowledge the waiver above.

I AM REPRESENTING THE FOLLOWING SCHOOL / ORGANIZATION: _____

*To request a tax receipt call 903-523-4222 x 226