

## TEAM? TEAM NAME

Registration Form for the 2	st ALMOST A	ınnual Penguii	า Plunge
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## PLEASE PRINT CLEARLY. THANK YOU!

Last Name:	First Name:		Age:	
Address:				
Phone:	<del></del>			
E-mail:			_	
T-shirt Size: (Adult size XS,	S, M, L, XL, XXL, XXXL)			
I am a: ☐ First-Time Plunç	ger   Experienced Plunger			
PLEASE NOTE: It is recommo	ended that you receive medical cl	earance before pa	articipating in the	plunge.
myself, my heirs, and executodamages I may have against	this entry, I, the undersigned, inte ers, waive and release any and all the sponsors of this event, the MA ts, and their representatives, succ	rights and claims A Department of C	for losses and Conservation and	Recreation (DCR), town
	mission to any and all of the fore ecordings or any other record of t		•	pever.
Signature of Plunger:				
Signature of Parent/Guare** If Plunger is 17 or younger	dian: **			

## PRE-REGISTER OPTIONS

MAIL this completed Registration to APCM, PO. Box 931, Westfield, MA 01086

OR Save & Email your registration form to: <a href="mailto:diane@ameliaparkmuseum.org">diane@ameliaparkmuseum.org</a>

Or bring to park on Saturday, January 24<sup>th</sup> from 11:30am – 12:30 pm for a 1:00pm PLUNGE at Hampton Ponds State Park, Rt. 202, Westfield, MA