



# Lowcountry DSS BUDDYWALK®

national down syndrome society®

EDUCATE | ADVOCATE | CELEBRATE



## Lowcountry Down Syndrome Society Buddy Walk Offline Registration & Donation Form

Join us on Saturday, October 5th for the Lowcountry Down Syndrome Society Buddy Walk. It will be a day of friendship, entertainment, and celebration for the whole family. Whether you have Down syndrome, love someone who does, or just want to show your support, come and join us!

Remember, you can also register and donate online by following the link at [www.ds-stride.org/ldssbuddywalk](http://www.ds-stride.org/ldssbuddywalk).  
 Registration form must be received by **October 3rd** to be guaranteed a T-shirt.

### Primary Registrant or Donor Information

First Name or Company Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### Additional Registrants

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

### Select Your Registration Type(s):

Individual Registration \$ 15.00 x \_\_\_\_\_  
 (Includes T-shirt)

Family of Four Registration \$ 50.00 x \_\_\_\_\_  
 (Includes 4 T-shirts)

Family of Six Registration \$ 70.00 x \_\_\_\_\_  
 (Includes 6 T-shirts)

Family of Eight Registration \$ 90.00 x \_\_\_\_\_  
 (Includes 8 T-shirts)

### Select Your Shirt Size(s):

YOUTH XS \_\_\_\_\_  
 YOUTH S \_\_\_\_\_  
 YOUTH M \_\_\_\_\_  
 YOUTH L \_\_\_\_\_  
 YOUTH XL \_\_\_\_\_

ADULT S \_\_\_\_\_  
 ADULT M \_\_\_\_\_  
 ADULT L \_\_\_\_\_  
 ADULT XL \_\_\_\_\_  
 ADULT 2XL (+\$2.00) \_\_\_\_\_  
 ADULT 3XL (+\$3.00) \_\_\_\_\_

Optional Donation: \$ \_\_\_\_\_  
**Total:** \$ \_\_\_\_\_

If you are starting a team, please specify team name: \_\_\_\_\_

If you are joining a team, please specify team name: \_\_\_\_\_

Optional donation amount (enclosed): \_\_\_\_\_

**Waiver**

I hereby waive all claims against the Lowcountry Down Syndrome Society, sponsors, vendors, volunteers and any personnel for any injury that I or my family member might suffer from this event. I attest that I and my family members are physically fit and prepared for this event. I grant full permission for organizers to use photographs, videos and quotations of me and my family member in legitimate accounts and promotions of this event.

\_\_\_\_\_  
Signature (if 18 or older)      Date      \_\_\_\_\_      Date  
Parent or Guardian signature (if less than 18)

Please send this form, along with a check made payable to **Lowcountry Down Syndrome Society**:

**Lowcountry Down Syndrome Society**  
**10701 Abercorn St #60786**  
**Savannah, GA 31420**