



August 17, 2024 | 10 am
Cuyahoga Community
College - West Campus



NORTHEAST OHIO
BUDDYWALK®
national down syndrome society
 EDUCATE | ADVOCATE | CELEBRATE

Northeast Ohio Buddy Walk® Offline Registration & Donation Form

Remember, you can also register and donate online by following the link at www.ds-stride.org/neohiobuddywalk.
Return this form by 7/1/2024 at noon to guarantee a t-shirt.

Primary Registrant or Donor Information

First Name or Company Name: _____ Last Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Email Address: _____ Shirt Size: _____

Additional Registrants

First Name: _____ Last Name: _____ Shirt Size: _____
 First Name: _____ Last Name: _____ Shirt Size: _____
 First Name: _____ Last Name: _____ Shirt Size: _____
 First Name: _____ Last Name: _____ Shirt Size: _____
 First Name: _____ Last Name: _____ Shirt Size: _____

Select Your Registration Type:

- Participant \$21.00 x _____
- Participant plus shipping w/t-shirt \$26.00 x _____
- Buddy- Ind. With DS Free
- Buddy- Ind. With DS w/t-shirt to be shipped Free

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

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

Optional donation amount (enclosed): _____

Total of each Shirt Size(s):

- 6 month onesie _____
- 12 month onesie _____
- 18 month onesie _____
- *Onesies are only for Ind. With

- YOUTH XS _____
- YOUTH S _____
- YOUTH M _____
- YOUTH L _____

- ADULT S _____
- ADULT M _____
- ADULT L _____
- ADULT XL _____
- ADULT 2XL _____ (+\$2.50)
- ADULT 3XL _____ (+\$3.50)
- ADULT 4XL _____ (+\$5.00)

Optional Donation: \$ _____

Total: \$ _____

Waiver

I hereby waive all claims against the Down Syndrome Association of Northeast Ohio, 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

Date

Please send this form, along with a check made payable to **DSAENO** to:

DSANEO
P.O. Box 31720
Independence, OH 44131