



TUCSON BUDDYWALK®

national down syndrome society®

EDUCATE | ADVOCATE | CELEBRATE

11-3-2019

Reid Park

12:00 - 4:00

Tucson Buddy Walk® Offline Registration & Donation Form

Remember, you can also register and donate online by following the link at www.ds-stride.org/tucsonbuddywalk.
Registration form must be received by **October 11th** 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: _____

Select Your Registration Type(s):

Early Registration \$ 10.00 x _____

On or before 8/14, includes t-shirt

Registrant – with shirt \$ 15.00 x _____

After 8/14, includes t-shirt

Registrant – no t-shirt \$ Free x _____

Walker with Down syndrome \$ Free x _____

Includes t-shirt

Select Your Shirt Size(s):

6 MO T-SHIRT _____

12 MO T-SHIRT _____

18 MO T-SHIRT _____

2T _____

3T _____

YOUTH XS _____

YOUTH S _____

YOUTH M _____

YOUTH L _____

ADULT S _____

ADULT M _____

ADULT L _____

ADULT XL _____

ADULT 2XL _____

ADULT 3XL _____

ADULT 4XL _____

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 Southern Arizona Network for Down Syndrome, 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 **Southern Arizona Network for Down Syndrome** to:

Southern Arizona Network for Down Syndrome
P.O. Box 17011
Tucson, AZ 85731