



October 3-4, 2020



Pick a Day and Walk Your Way!

**DSNWV Buddy Walk® Offline Registration & Donation Form**

Remember, you can also register and donate online by following the link at [www.ds-stride.org/dsnwvbuddywalk](http://www.ds-stride.org/dsnwvbuddywalk).  
 Registration form must be received by **August 30th** to register and receive 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):**

Walk Registrant - T-shirt **Shipped** \$ 14.00 x \_\_\_\_\_  
 Walk Registrant - T-shirt **Picked Up** \$ 12.00 x \_\_\_\_\_  
 Registrant with Down syndrome - T-shirt **Shipped** \$ 2.00 x \_\_\_\_\_  
 Registrant with Down syndrome - T-shirt **Picked Up** \$ Free x \_\_\_\_\_

**Select Your Shirt Size(s):**

2T \_\_\_\_\_  
 4T \_\_\_\_\_  
 YOUTH S \_\_\_\_\_  
 YOUTH M \_\_\_\_\_  
 YOUTH L \_\_\_\_\_  
 ADULT S \_\_\_\_\_  
 ADULT M \_\_\_\_\_  
 ADULT L \_\_\_\_\_  
 ADULT XL \_\_\_\_\_  
 ADULT 2XL (+\$2.00) \_\_\_\_\_  
 ADULT 3XL (+\$2.00) \_\_\_\_\_  
 ADULT 4XL (+\$2.00) \_\_\_\_\_  
 Optional Donation: \$ \_\_\_\_\_  
**Total:** \$ \_\_\_\_\_

**Select Any Additional Items:**

Raffle Tickets (6) \$ 5.00 x \_\_\_\_\_

If you selected to have shirt(s) shipped, what address should they be shipped to?

\_\_\_\_\_  
 \_\_\_\_\_

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

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

**Waiver**

I hereby waive all claims against the Down Syndrome Network of West Virginia, 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 **Down Syndrome Network of West Virginia** to:

Down Syndrome Network of West Virginia  
P.O. Box 7102  
Cross Lanes, WV 25356