



DSNWV BUDDYWALK®

national down syndrome society®

EDUCATE | ADVOCATE | CELEBRATE



October 1st | 10:00 am
WV State Capitol Complex

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.
Registration form must be received by **August 31st** 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):

Buddy Walk Participant – Includes t-shirt \$ 21.00 x _____

Individual with Down syndrome – Includes t-shirt \$ FREE x _____

Family 4 Pack – Includes t-shirt \$ 75.00 x _____

Optional Donation: \$ _____

Total: \$ _____

Select Your Shirt Size(s):

2T _____

4T _____

YOUTH XS _____

YOUTH S _____

YOUTH M _____

YOUTH L _____

YOUTH XL _____

ADULT S _____

ADULT M _____

ADULT L _____

ADULT XL _____

ADULT 2XL (+\$2.00) _____

ADULT 3XL (+\$2.00) _____

ADULT 4XL (+\$2.00) _____

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 _____
Parent or Guardian signature (if less than 18) Date

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