



# COLUMBUS BUDDY WALK®

OCTOBER 1, 2017 | MAPFRE STADIUM

## Registration Form

Join us on Sunday, October 1st for the 16th annual Columbus Buddy Walk® at Mapfre Stadium. 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!

### Registration is just a click away!

Registration is \$21 but free for individuals with Down syndrome. Registration includes a T-shirt for each registrant. You can register online by following the link at [www.ds-stride.org/columbusbuddywalk](http://www.ds-stride.org/columbusbuddywalk). You can also make a donation with a debit or credit card by following the same link. Sign up online or register below by mail by 9/2 to guarantee a T-shirt.



_____		_____	
First Name		Last Name	
_____			
Email			
_____			
Address			
_____			
City		State	Zip
_____			
Phone number			



### Additional Registrants

Use the blanks to fill out the name and email addresses of additional registrants, if applicable.

_____		
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
_____		



### Choose Your Registration Type

Use the blanks to indicate your registration type(s), one for each registrant.

Your Extraordinary Person (individual with Down syndrome)	free x _____	
General Registration	\$21.00 x _____	<b>Total: \$ _____</b>



Continued on next page.

## Select Your Shirt Sizes

Use the blanks to indicate the shirt size of each registrant. T-shirt is included with registration.

No Shirt _____	2T _____	YOUTH XS _____	ADULT S _____	ADULT 2XL (+\$5.00) _____
6m Onesie _____	3T _____	YOUTH S _____	ADULT M _____	ADULT 3XL (+\$5.00) _____
12m Onesie _____	4T _____	YOUTH M _____	ADULT L _____	
18m Onesie _____		YOUTH L _____	ADULT XL _____	<b>Total: \$</b> _____

## Optional Items for Purchase

If you'd like to purchase a baseball cap or the DSACO 2016 Calendar, please indicate below.

DSACO 2017 Calendar                      \$10.00 x \_\_\_\_\_                      **Total: \$** \_\_\_\_\_



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

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

Optional Donation Amount (enclosed): \$ \_\_\_\_\_

## Waiver

I hereby waive all claims against the Down Syndrome Association of Central 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 (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 **DSACO** to:

**DSACO**  
**510 E. North Broadway**  
**Columbus, OH 43214**