

9.30.18
MAPFRE STADIUM

2018
columbus, ohio
BUDDY WALK[®]
national down syndrome society



Registration Form

Join us on Sunday, September 30th for the 17th 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. 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 8/31 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 _____	Total: \$ _____



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 _____	Total: \$ _____

Optional Items for Purchase

If you'd like to purchase the DSACO 2019 Calendar, please indicate below.

DSACO 2019 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