



# COLUMBUS BUDDYWALK®

national down syndrome society®

EDUCATE | ADVOCATE | CELEBRATE



## Registration Form

Join us on Sunday, September 29th for the 18th annual Columbus Buddy Walk® at The Fortress. 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 9/1 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 S	_____	ADULT S	_____	ADULT 2XL (+\$5.00)	_____
6m Onesie	_____	3T	_____	YOUTH M	_____	ADULT M	_____	ADULT 3XL (+\$5.00)	_____
12m Onesie	_____	4T	_____	YOUTH L	_____	ADULT L	_____		
18m Onesie	_____					ADULT XL	_____	<b>Total:</b>	\$ _____

## Optional Items for Purchase

If you'd like to purchase the DSACO 2020 Calendar, please indicate below.

DSACO 2020 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