



OCTOBER 3-4, 2020



Registration Form

Join us during DSACO's Walk Your Way Weekend on October 3 - 4 to celebrate the 2020 Columbus Buddy Walk! It will be a weekend full of friendship, entertainment, and celebration in honor of all people with Down syndrome!

Registration is just a click away!

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! Walk Your Way Participation Registration is \$21 but FREE for people with Down syndrome. Registration includes an event 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 9/4 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 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 _____	ADULT 4XL (+\$5.00) _____
18m Onesie _____			ADULT XL _____	

Total: \$ _____

Optional Items for Purchase

If you'd like to purchase the DSACO 2021 Calendar, please indicate below.

DSACO 2021 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