



Fun Coast Down Syndrome Association 14th Annual Buddy Walk® Saturday, March 23, 2019



Fun Coast Buddy Walk Offline Registration & Donation Form

Join us on Saturday, March 23rd for the 2019 Fun Coast Down Syndrome Association Buddy Walk® at Matanzas High School in Palm Coast, Florida. 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! Remember, you can also register and donate online by following the link at www.ds-stride.org/funcoastbuddywalk. Registration form must be received by **February 27th** to be guaranteed 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):

Individual Walk Participant \$15.00 x _____

 Price per person for a family of 4 or more \$ 10.00 x _____

 Individual with Down syndrome \$ Free x _____

Select Your Shirt Size(s):

NO SHIRT _____
 6 MO ONESIE _____
 12 MO ONESIE _____
 18 MO ONESIE _____

 YOUTH S _____
 YOUTH M _____
 YOUTH L _____

 ADULT S _____
 ADULT M _____
 ADULT L _____
 ADULT XL _____
 ADULT 2XL _____

Optional Donation: \$ _____
Total: \$ _____

If you are starting a team, please specify team name: _____

If you are joining a team, please specify team name: _____

Optional donation amount (enclosed): _____

Waiver

WAIVER OF LIABILITY: In consideration of me and/or my minor child being permitted to participate in the Buddy Walk®, I hereby – for myself, my heirs, and personal representatives – assume any and all risks that might be associated with the event. I further waive, release, discharge and covenant not to sue Fun Coast Down Syndrome Association, its officers, employees, sponsors, organizers, volunteers, or other representatives or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered by myself and/or my minor child as a result of taking part in the events and any related activities. I also authorize the use by FCDSA of any photo, film or videotape taken of me and/or my minor child at the event for any purpose.

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

Please send this form, along with a check made payable to **Fun Coast Down Syndrome Association** to:

Fun Coast Down Syndrome Association
22 Bannerwood Lane
Palm Coast, FL 32137