



## Registration Form

Join us on Saturday, September 30th for the 16th annual Omaha Buddy Walk® at Stinson Park. 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 for all includes carnival, lanyard, and 2017 Buddy Walk® button. Registration with T-shirt is also available. You can register online by following the link at [www.ds-stride.org/omahabuddywalk](http://www.ds-stride.org/omahabuddywalk). 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.



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.

Individual with Down syndrome (includes T-shirt)	free x	_____	
Adult Registration with T-shirt	\$25.00 x	_____	
Adult Registration (no T-shirt)	\$6.00 x	_____	
Child Registration with T-shirt	\$15.00 x	_____	
Child Registration (no T-shirt)	\$6.00 x	_____	<b>Total: \$ _____</b>

*Continued on next page.*

**Lunch**

If you would like lunch, please include an additional \$2.00 per person.

Lunch \$2.00 x \_\_\_\_\_ **Total:** \$ \_\_\_\_\_

**Select Your Shirt Sizes**

If you marked registrations with T-shirts above, please indicate your sizes below.

6m Onesie _____	YOUTH XS _____	ADULT S _____
12m Onesie _____	YOUTH S _____	ADULT M _____
18m Onesie _____	YOUTH M _____	ADULT L _____
2T _____	YOUTH L _____	ADULT XL _____
3T _____	YOUTH XL _____	ADULT 2XL _____
4T _____		ADULT 3XL _____

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 Down Syndrome Alliance of the Midlands, 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 **Down Syndrome Alliance of the Midlands** to:

**6001 Dodge Street  
CEC 117B  
Omaha, NE 68182**