



Omaha Step Up

for Down Syndrome Walk
& Family Festival



September 26, 2021 | 1:00 - 4:00 pm | Werner Park

Omaha Step Up for Down Syndrome Walk & Family Festival

Offline Registration & Donation Form

Remember, you can also register and donate online by following the link at www.ds-stride.org/omahastepup.
Registration form must be received by **August 31st** 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):

Adult Registration w/ shirt \$ 25.00 x _____
 Includes t-shirt, walk & activities

Adult Registration – no shirt Includes \$ 6.00 x _____
 walk & activities

Individual with Down syndrome \$ Free x _____
 Includes t-shirt, walk & activities

Child Registration w/ shirt \$ 15.00 x _____
 Includes t-shirt, walk & activities

Child Registration – no shirt \$ 6.00 x _____
 Includes walk & activities

Select Your Shirt Size(s):

6 MO ONESIE _____
 12 MO ONESIE _____
 18 MO ONESIE _____
 2T _____
 3T _____
 4T _____

YOUTH XS _____
 YOUTH S _____
 YOUTH M _____
 YOUTH L _____
 YOUTH XL _____

ADULT S _____
 ADULT M _____
 ADULT L _____
 ADULT XL _____
 ADULT 2XL _____
 ADULT 3XL _____

Select Any Additional Items:

Customized Walk Sign: \$ 50.00 x _____

Sign will be displayed along the walk route

Team Tent Spot: \$ 100.00 x _____

Space to set up a 10 X 10 pop up tent, tent not included

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

I hereby waive all claims against the 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:

Down Syndrome Alliance of the Midlands
10824 Old Mill Road
Suite 8
Omaha, NE 68154