
	<h1>Missoula Buddy Walk®</h1> <p>Sunday, September 24, 2017 1:00 - 3:00 pm</p>	
---	--	---

## Registration Form

Join us on Sunday, September 24th for the Missoula Buddy Walk® at Silver 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!

You can register online by following the link at [www.ds-stride.org/missoulabuddywalk](http://www.ds-stride.org/missoulabuddywalk). 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	free x _____	
Family (includes immediate family)	\$35.00 x _____	
Individual	\$10.00 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, though 2-3XL are \$1 extra.

2T _____	YOUTH S _____	ADULT S _____	ADULT XL _____	
3T _____	YOUTH M _____	ADULT M _____	ADULT 2XL (+\$1.00) _____	
4T _____	YOUTH L _____	ADULT L _____	ADULT 3XL (+\$1.00) _____	<b>Total: \$ _____</b>

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 Montana Down Syndrome Association, 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 **Montana Down Syndrome Association** to:

**Montana Down Syndrome Association**  
**PO Box 16717**  
**Missoula, MT 59808**