



SENM 3rd Annual Step Up for Down Syndrome



October 15, 2022
Russ DeKay
Soccer Complex



Presented by Holly Frontier



SENM Step Up for Down Syndrome Offline Registration & Donation Form

Join us on Saturday, October 15th for the 3rd Annual SENM Step Up for Down Syndrome Walk at the Russ DeKay Soccer Complex! It will be a day of friendship, entertainment, and celebration for the whole family. Whether you have Down syndrome, adore 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/senmstepupwalk.
Registration form must be received by **September 10th** to be guaranteed a T-shirt. After that it is first come first serve.

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):

Self-Advocate \$ Free x _____

Individual w/ Down syndrome

Walker \$ 15.00 x _____

Single Registration

Family of 4 \$ 50.00 x _____

(in the same household)

Family of 8 \$ 100.00 x _____

(in the same household)

Select Your Shirt Size(s):

YOUTH XS _____

YOUTH S _____

YOUTH M _____

YOUTH L _____

ADULT S _____

ADULT M _____

ADULT L _____

ADULT XL _____

ADULT 2XL (+\$2.50) _____

ADULT 3XL (+\$2.50) _____

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

In consideration of me and/or my minor child being permitted to participate in the SENM Step Up for Down Syndrome Walk, I hereby-for myself, my heirs and personal representatives-assume any and all risks which might be associated with the event. I further waive, release, discharge, and covenant not to sue the National Down Syndrome Society or the DSF of SENM, its officers, employees, sponsors, organizers, volunteers or other representatives of 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 related activities. I also authorize the use by DSF of SENM & the NDSS 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 _____
Parent or Guardian signature (if less than 18) Date

Please send this form, along with a check made payable to **Down Syndrome Foundation of Southeastern New Mexico** to:

Down Syndrome Foundation of Southeastern New Mexico
P.O. Box 4365
Roswell, NM 88202