



# TRIANGLE BUDDYWALK®

national down syndrome society®

EDUCATE | ADVOCATE | CELEBRATE

**10·4·2020**  
**Corinth Holders High School**  
**1:30-5:30 pm**

## Triangle Buddy Walk® Offline Registration & Donation Form

Remember, you can also register and donate online by following the link at [www.ds-stride.org/trianglebuddywalk](http://www.ds-stride.org/trianglebuddywalk).  
 Registration form must be received by **September 11th** 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):

Participant with shirt \$ 12.50 x \_\_\_\_\_  
 Includes t-shirt

Participant (no shirt) \$ Free x \_\_\_\_\_  
 Does not include t-shirt

Individual with Down syndrome \$ Free x \_\_\_\_\_  
 Includes t-shirt

**Virtual Participant** with shirt \$ 12.50 x \_\_\_\_\_  
 Includes t-shirt (shipped)

**Virtual Participant** (no shirt) \$ Free x \_\_\_\_\_

**Virtual Participant** - Individual \$ Free x \_\_\_\_\_  
 with Down syndrome  
 Includes t-shirt (shipped)

### Select Your Shirt Size(s):

12 Month Onesie \_\_\_\_\_  
 2T \_\_\_\_\_

YOUTH XS \_\_\_\_\_  
 YOUTH S \_\_\_\_\_  
 YOUTH M \_\_\_\_\_  
 YOUTH L \_\_\_\_\_

ADULT S \_\_\_\_\_  
 ADULT M \_\_\_\_\_  
 ADULT L \_\_\_\_\_  
 ADULT XL \_\_\_\_\_  
 ADULT 2XL (+\$2.00) \_\_\_\_\_  
 ADULT 3XL (+\$2.00) \_\_\_\_\_  
 ADULT 4XL (+\$2.00) \_\_\_\_\_

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 North Carolina Down Syndrome Alliance, 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 **North Carolina Down Syndrome Alliance** to:

North Carolina Down Syndrome Alliance  
6604 Six Forks Rd.  
Suite 103 & 104  
Raleigh, NC 27615