



October 24th
1:00-5:00 pm
Panther Creek H.S.

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.
 Registration form must be received by **October 5th** to receive 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 \$ 15.00 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 \$ 15.00 x _____
 Includes t-shirt

Virtual Participant (no shirt) \$ Free x _____

Virtual Participant - Individual \$ Free x _____
 with Down syndrome
 Includes t-shirt

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 _____
 ADULT 3XL _____
 ADULT 4XL _____

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 _____ Date
Parent or Guardian signature (if less than 18)

Please send this form, along with a check made payable to **North Carolina Down Syndrome Alliance** to:

North Carolina Down Syndrome Alliance
PO BOX 99562
Raleigh, NC 27624