



DSASBC 10TH ANNUAL BUDDY WALK & FESTIVAL! SATURDAY, JUNE 8TH



10th Annual Buddy Walk® & Festival Offline Registration & Donation Form

Join us Saturday, June 8th for our 10th Annual Buddy Walk® and Festival at Chase Palm Park! It will be a day of friendship, entertainment, food, and celebration for the whole family. Your registration covers the walk itself, t-shirts, food, entertainment, including live performances, arts & crafts, and games. Our yearly festival allows us to offer support, resources, events, and activities year-round for children, adults, and families in our local Down syndrome community. Remember, you can also register and donate online by following the link at www.ds-stride.org/dsasbcbuddywalk.

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):

Adults \$ 25.00 x _____
 18+
 Adults with Down syndrome \$ 15.00 x _____
 18+
 Children \$ 10.00 x _____
 Ages 3-17
 Children Under 3 Free x _____

Select Your Shirt Size(s):

6 MO ONESIE _____
 YOUTH XS _____
 YOUTH S _____
 YOUTH M _____
 YOUTH L _____
 ADULT S _____
 ADULT M _____
 ADULT L _____
 ADULT XL _____
 ADULT 2XL _____
 ADULT 3XL _____

If you are starting a team, please specify team name:

If you are joining a team, please specify team name:

Optional Donation: \$ _____

Total: \$ _____

Optional donation amount (enclosed):

\$ _____

Waiver

I hereby waive all claims against Down Syndrome Association of Santa Barbara County (a fiscally sponsored fund of the Santa Barbara Foundation), 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 Association Santa Barbara County** to:

Melissa Fitch
DSASBC Buddy Walk Coordinator
PO Box 902
Goleta CA, 93116