

**Sunday,
September 20th**



**Eastwood Field
Niles, OH**

Buddy Walk of the Valley® Offline Registration & Donation Form

Remember, you can also register and donate online by following the link at www.ds-stride.org/dsavbuddywalk.
Return this form by 8/27 at noon to guarantee a t-shirt.

Primary Registrant or Donor Information

First Name or Company Name: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Email Address: _____ Shirt Size: _____

Additional Registrants

First Name: _____ Last Name: _____ Shirt Size: _____
First Name: _____ Last Name: _____ Shirt Size: _____
First Name: _____ Last Name: _____ Shirt Size: _____
First Name: _____ Last Name: _____ Shirt Size: _____

Select Your Registration Type:

Registration \$13.00 x _____

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 Down Syndrome Association of the Valley 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

Total of each Shirt Size(s):

2T _____
3T _____
4T _____

YOUTH S _____
YOUTH M _____
YOUTH L _____

ADULT S _____
ADULT M _____
ADULT L _____
ADULT XL _____

ADULT 2XL _____ (+\$2.00)
ADULT 3XL _____ (+\$2.00)

Optional Donation: \$ _____

Total: \$ _____

Please send this form, along with a check made payable to **Down Syndrome Association of the Valley** to:

DSAV
945 Boardman Canfield Road, Suite 12
Boardman, OH 44512