

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 8/19 at noon to guarantee a t-shirt.

Primary Registrant or D	onor Information		
First Name or Company Na	me:	Last Name:	
Street Address:			
			:
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	on Type:	Total of each	Shirt Size(s):
Registration		2T	
If you are starting a team, please specify team name:		3T 4T	
If you are joining a team, please specify team name:		YOUTH S YOUTH M YOUTH L	
Optional donation amount (enclosed):		ADULT S ADULT M ADULT L ADULT XL	
Waiver		ADULT 2XL	+\$3.00
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.		ADULT 3XL _ ADULT 4XL _	+\$3.00 +\$3.00
		Optional Donat	tion: \$
		Total:	\$
		Please send this form, along with a check made payable to Down Syndrome Association of the Valley to:	
Signature (if 18 or older) Date		DSAV	•

Date

Parent or Guardian Signature (if less than 18)

945 Boardman Canfield Road, Suite 12

Boardman, OH 44512