



CSDSA Down Syndrome Walk Offline Registration & Donation Form

Remember, you can also register and donate online by following the link at <http://www.ds-stride.org/csdsadwalk>.

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):

Adult Virtual Walker \$ 10.00 x _____
 Ages 17 and over
 Child Virtual Walker \$ 5.00 x _____
 Ages 3 to 16
 Individual with Down Syndrome Virtual Walker No Fee x _____

**** Select Your Shirt Size(s):**

YOUTH XS _____
 YOUTH S _____
 YOUTH M _____
 YOUTH L _____
 ADULT M _____
 ADULT L _____
 ADULT XL _____
 ADULT 2XL _____ \$3 surcharge
 ADULT 3XL _____ \$3 surcharge

Optional Donation: \$ _____

Total: \$ _____

** T-shirts not available after July 23, 2021.

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 Colorado Springs Down Syndrome Association, 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 **Colorado Springs Down Syndrome Association** to:

Colorado Springs Down Syndrome Association
PO Box 2364
Colorado Springs, CO 80901