



empower • connect • support
Supporting the Eastern
NC Community Group

EASTERN NC BUDDYWALK®

national down syndrome society®

EDUCATE | ADVOCATE | CELEBRATE

4-11-2021

Car Parade!
Stokes Family Farm

3:00-5:00 pm

Eastern NC Buddy Walk® Offline Registration & Donation Form

Remember, you can also register and donate online by following the link at www.ds-stride.org/easternncbuddywalk.
Registration form must be received by **March 22nd** to be guaranteed 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 \$ 12.50 x _____
Includes t-shirt

Participant (no shirt) \$ Free x _____
Does not include t-shirt

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

Select Any Additional Items:

Personalized Route Marker \$ 30.00 x _____

Select Your Shirt Size(s):

12 MO ONESIE _____
2T _____

YOUTH XS _____
YOUTH S _____
YOUTH M _____
YOUTH L _____

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

ADULT 2XL (+\$2.00) _____
ADULT 3XL (+\$2.50) _____
ADULT 4XL (+\$3.00) _____

Extra Buddy Walk T-shirts available for purchase:

| | | |
|--------------------|----------------|------------------|
| 12 MO ONESIE _____ | ADULT S _____ | \$ 12.50 x _____ |
| 2T _____ | ADULT M _____ | |
| | ADULT L _____ | |
| | ADULT XL _____ | |
| YOUTH XS _____ | | |
| YOUTH S _____ | | |
| YOUTH M _____ | | |
| YOUTH L _____ | | |
| ADULT 2XL _____ | | \$ 14.50 x _____ |
| ADULT 3XL _____ | | \$ 15.00 x _____ |
| ADULT 4XL _____ | | \$ 15.50 x _____ |

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

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

North Carolina Down Syndrome Alliance
7915 Monument Lane
Suite 101
Raleigh, NC 27615