

# BUDDYWALK®

national down syndrome society®



11-14-2020

We're Going Virtual!

## Houston Buddy Walk Offline Registration & Donation Form

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

Registration form must be received by **October 4th** 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):

Walk Registrant with t-shirt \$ 21 x \_\_\_\_\_

Walk Registrant without t-shirt \$ Free x \_\_\_\_\_

Individual with Down syndrome, includes t-shirt \$ Free x \_\_\_\_\_

### Select Any Additional Items:

Buddy Walk Poster \$ 25 x \_\_\_\_\_

Buddy Walk T-shirts: \$ 21 x \_\_\_\_\_

Note the sizes you would like to purchase in next column

### Select Your Shirt Size(s):

6 MO T-SHIRT \_\_\_\_\_

12 MO T-SHIRT \_\_\_\_\_

18 MO T-SHIRT \_\_\_\_\_

2T \_\_\_\_\_

3T \_\_\_\_\_

4T \_\_\_\_\_

YOUTH XS \_\_\_\_\_

YOUTH S \_\_\_\_\_

YOUTH M \_\_\_\_\_

YOUTH L \_\_\_\_\_

YOUTH XL \_\_\_\_\_

ADULT S \_\_\_\_\_

ADULT M \_\_\_\_\_

ADULT L \_\_\_\_\_

ADULT XL \_\_\_\_\_

ADULT 2XL \_\_\_\_\_

ADULT 3XL \_\_\_\_\_

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 Down Syndrome Association of Houston, sponsors, vendors, volunteers, and any personnel for any injury that my family members or I might suffer from this event. I attest that my family members and I 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 members in legitimate accounts and promotions of this event.

\_\_\_\_\_  
Signature (if 18 or older)      Date      \_\_\_\_\_      Date  
Parent or Guardian signature (if less than 18)

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

Down Syndrome Association of Houston  
7115 W. Tidwell Bldg. K  
Suite 106  
Houston, TX 77092