



# HOUSTON BUDDYWALK®

national down syndrome society®

EDUCATE | ADVOCATE | CELEBRATE

11.16.2019  
Sam Houston Race Park

## Registration Form

Join us on Saturday, November 16th for the annual Houston Buddy Walk® at Sam Houston Race Park. It will be a day of friendship, entertainment, and celebration for the whole family. Whether you have Down syndrome, love someone who does, or just want to show your support, come and join us!

### Registration is just a click away!

You may register with a t-shirt (\$15) or without a t-shirt (free). Registration is free for individuals with Down syndrome. Registration is online at [www.ds-stride.org/houstonsbuddywalk](http://www.ds-stride.org/houstonsbuddywalk). You can also make a donation with a debit or credit card by following the same link. Sign up online or register below by mail by 10/16 to guarantee a T-shirt.



_____		_____	
First Name		Last Name	
_____			
Email			
_____			
Address			
_____			
City		State	Zip
_____			
Phone number			



### Additional Registrants

Use the blanks to fill out the name and email addresses of additional registrants, if applicable.

_____	_____	_____
First Name	Last Name	Email
_____	_____	_____
First Name	Last Name	Email
_____	_____	_____
First Name	Last Name	Email
_____	_____	_____
First Name	Last Name	Email
_____	_____	_____
First Name	Last Name	Email



### Choose Your Registration Type

Use the blanks to indicate your registration type(s), one for each registrant.

Your Extraordinary Person (individual with Down syndrome)	free x _____	
General Registration (shirt included)	\$15.00 x _____	
General Registration (no shirt)	free x _____	<b>Total:</b> \$ _____



Continued on next page.

## Select Your Shirt Sizes

Use the blanks to indicate the shirt size of each registrant. T-shirt is included with registration.

No Shirt	_____	2T	_____	YOUTH S	_____	ADULT S	_____	ADULT2XL	_____
6m	_____	3T	_____	YOUTH M	_____	ADULT M	_____	ADULT 3XL	_____
12m	_____	4T	_____	YOUTH L	_____	ADULT L	_____		
18m	_____					ADULT XL	_____	<b>Total:</b>	\$ _____

If you are starting a team, please specify team name: \_\_\_\_\_

If you are joining a team, please specify which team: \_\_\_\_\_

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 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 **DSAH** to:

**DSAH**  
**7115 W Tidwell Suite 106**  
**Houston, TX 77092**