



**Celebrating
for 21 Days!
Oct. 10-31**
Virtual Event

DSA of the Heartland Buddy Walk® Offline Registration & Donation Form

Remember, you can also register and donate online by following the link at www.ds-stride.org/dsaheartlandbuddywalk.
Registration form must be received by **September 26th** to receive 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):

Registration – Ages 13 & Up \$ 20.00 x _____
Includes t-shirt
 Registration – Ages 12 & Under \$ 10.00 x _____
Includes t-shirt
 Individuals with Down syndrome \$ Free x _____
Includes t-shirt

Select Your Shirt Size(s):

YOUTH XS _____
 YOUTH S _____
 YOUTH M _____
 YOUTH L _____
 YOUTH XL _____
 ADULT S _____
 ADULT M _____
 ADULT L _____
 ADULT XL _____
 ADULT 2XL (+ \$5.00) _____
 ADULT 3XL (+ \$5.00) _____
 ADULT 4XL (+ \$5.00) _____
 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 the Heartland, 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, promotions of this event, print materials, and social media (including, but not limited to, Facebook, Twitter, and Instagram).

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 **Down Syndrome Association of the Heartland** to:

Down Syndrome Association of the Heartland
P.O. Box 6402
Elizabethtown, KY 42702