



KERNDSN.ORG
KERN DOWN SYNDROME NETWORK

2nd Annual Walk for a Million Dreams & World Down Syndrome Day Celebration

Pyles Boys Camp - Group Picnic Area
Saturday, March 21st | 10:00 am - 5:00 pm

KDSN 2nd Annual Walk for a Million Dreams Offline Registration & Donation Form

Remember, you can also register and donate online by following the link at www.ds-stride.org/kdsnwalk.

Registration form must be received by **March 6th** 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 Registration – no shirt \$ Free x _____

Adult Registration with shirt (Ages 13 & Up) \$ 20.00 x _____

Child Registration with shirt (Ages 12 & Under) \$ 15.00 x _____

Select Any Additional Items:

Event Bracelet \$ 8.00 x _____

(3) Event Bracelets \$ 20.00 x _____

KDSN Window Cling \$ 5.00 x _____

KDSN Reusable Bag \$ 10.00 x _____

KDSN Yard Sign \$ 25.00 x _____

KDSN Car Magnet \$10.00 x _____

Select Your Shirt Size(s):

YOUTH XS _____

YOUTH S _____

YOUTH M _____

YOUTH L _____

ADULT S _____

ADULT M _____

ADULT L _____

ADULT XL _____

ADULT 2XL _____

ADULT 3XL (+\$5.00) _____

KDSN Youth Shirts \$ 15.00

YOUTH XS _____

YOUTH S _____

YOUTH M _____

YOUTH L _____

KDSN Adult Shirts \$ 20.00

ADULT S _____

ADULT M _____

ADULT L _____

ADULT XL _____

ADULT 2XL _____

ADULT 3XL (+\$5.00) _____

Raffle Tickets (Price Varies)

6 Tickets \$5.00 _____

13 Tickets \$10.00 _____

28 Tickets \$20.00 _____

77 Tickets \$50.00 _____

170 Tickets \$100.00 _____

400 Tickets \$200.00 _____

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 Kern Down Syndrome Network, 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 _____ Date
Parent or Guardian signature (if less than 18)

Please send this form, along with a check made payable to **Kern Down Syndrome Network** to:

P.O. Box 1022
Bakersfield, CA 93302