



DOWN SYNDROME SOCIETY OF WICHITA

Buddy Walk® Registration Form

We must receive this form by September 7, 2009 if you want to receive a FREE t-shirt with your registration. There will be a limited amount of t-shirts available at the Buddy Walk for a small donation. **Early registration is highly recommended!!**
PLEASE PHOTOCOPY THIS FORM AS NEEDED

Name _____ Email _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

INDIVIDUAL WALKERS (Including Yourself):

T-SHIRT SIZE

(Circle One For Each Walker — If Before September 7, 2009)

(First Name)	(Last Name)	Youth XS(2-4) Youth S(6-8) Youth M(10-12) Youth L(14-16) Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL Adult 5XL
(First Name)	(Last Name)	Youth XS(2-4) Youth S(6-8) Youth M(10-12) Youth L(14-16) Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL Adult 5XL
(First Name)	(Last Name)	Youth XS(2-4) Youth S(6-8) Youth M(10-12) Youth L(14-16) Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL Adult 5XL
(First Name)	(Last Name)	Youth XS(2-4) Youth S(6-8) Youth M(10-12) Youth L(14-16) Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL Adult 5XL
(First Name)	(Last Name)	Youth XS(2-4) Youth S(6-8) Youth M(10-12) Youth L(14-16) Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL Adult 5XL
(First Name)	(Last Name)	Youth XS(2-4) Youth S(6-8) Youth M(10-12) Youth L(14-16) Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL Adult 5XL

ARE YOU ASSOCIATED WITH A TEAM? Yes No *If yes, their name or team name is:* _____

- I AM INCLUDING A DONATION OF \$ _____ WITH MY REGISTRATION.
- MY COMPANY HAS A MATCHING GIFT PROGRAM. ATTACHED IS A MATCHING GIFT FORM.
- I AM UNABLE TO PARTICIPATE IN THE WALK, PLEASE ACCEPT MY DONATION OF \$ _____.

Waiver: In acceptance of my or my child's entry to participate in the 2009 Buddy Walk, I hereby release each of the sponsors/co-sponsors and affiliated individuals of the event from any and all causes of actions, suits, and damages which may relate to or arise in any manner from my participation in the event. I also authorize that any photographs of my child or myself may be used for promotional materials of the Buddy Walk, NDSS, or DSSW.

Signature _____ Date _____

THIS REGISTRATION IS NOT VALID UNLESS SIGNED

Please mail to: Down Syndrome Society of Wichita
 P.O. Box 782736, Wichita, KS 67278
**** Please make donations payable to DSSW ****



If you have any questions or you would like to request a receipt for your tax-deductible donation, please contact Michelle Sanchez at treasurer@dsswichita.org or 316-617-9102.