







September 30th | 10:00 am | WV State Capitol Complex

## **DSNWV Buddy Walk® Offline Registration & Donation Form**

Remember, you can also register and donate online by following the link at <a href="www.ds-stride.org/dsnwvbuddywalk">www.ds-stride.org/dsnwvbuddywalk</a>. Registration form must be <a href="received">received</a> by <a href="https://dsnwvbuddywalk">August 31st</a> to receive a T-shirt.

<b>Primary Registrant or Donor Info</b>	rmation		
First Name or Company Name:	_ Last Name:		
Street Address:			
City:			ne:
Email Address:			
Additional Registrants (if applica	ble)		
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):			Select Your Shirt Size(s):
Buddy Walk Participant	\$21.00 x		2T
Walker with Down Syndrome	FREE x		4T
Family 4 Pack	\$75.00 x		
			Youth XS
			Youth S
			Youth M
			Youth L
			Youth XL
			Adult S
			Adult M
			Adult L
			Adult XL
Optional Donation: \$			Adult 2XL (+\$2.00)
			Adult 3XL (+\$2.00)
TOTAL: \$			Adult 4XL (+\$2.00)
If you are <b>starting</b> a team, please sp	ecify team name: _		
If you are <b>joining</b> a team, please spe	cify team name:		

Waiver			
and any personnel for any in	jury that I or i	n Syndrome Network of West Virginia, sponsors, was family member might suffer from this event. I	I attest that I and my family
• • • • • • • • • • • • • • • • • • • •		or this event. I grant full permission for organizer ber in legitimate accounts and promotions of thi	
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 <b>Down Syndrome Network of W</b>	/est Virginia to:

Down Syndrome Network of West Virginia P.O. Box 8066 South Charleston, WV 25303