



Registration Form

Join us on Saturday, October 3rd for the 14th annual Omaha Buddy Walk® at Stinson 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!

Registration for all includes carnival, lanyard, and 2015 Buddy Walk® button. Registration with T-shirt is also available. You can register online by following the link at www.ds-stride.org/omahabuddywalk. 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.

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.

Individual with Down syndrome (includes T-shirt)	free x	_____	
Adult Registration with T-shirt	\$25.00 x	_____	
Adult Registration (no T-shirt)	\$6.00 x	_____	
Child Registration with T-shirt	\$15.00 x	_____	
Child Registration (no T-shirt)	\$6.00 x	_____	Total: \$ _____



Continued on next page.

Lunch

If you would like lunch, please include an additional \$2.00 per person.

Lunch \$2.00 x _____ **Total:** \$ _____

Select Your Shirt Sizes

If you marked registrations with T-shirts above, please indicate your sizes below.

6m Onesie	_____	YOUTH XS	_____	ADULT S	_____
12m Onesie	_____	YOUTH S	_____	ADULT M	_____
18m Onesie	_____	YOUTH M	_____	ADULT L	_____
2T	_____	YOUTH L	_____	ADULT XL	_____
3T	_____	YOUTH XL	_____	ADULT 2XL	_____
4T	_____			ADULT 3XL	_____

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 Down Syndrome Alliance of the Midlands, 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 **Down Syndrome Alliance of the Midlands** to:

Down Syndrome Alliance of the Midlands
PO Box 269
Boys Town, NE 68010