



Registration Form



DSSGC Columbia Basin Buddy Walk Parade

Benefitting the Down Syndrome Society of Grant County
and the National Down Syndrome Society

***Saturday, September 26, 2020 * 3 – 5 p.m. Location Pending**

Registration includes FREE t-shirt and food

PRE-Registration: Please pre-register as we will not have same day registration this year.

*Please complete this form and mail with a check payable to DSSGC to:
DSSGC, P.O. BOX 811, Moses Lake, WA, 98837 by August 21, 2020*

***Team Registrations:** mail this Registration Form and Team Member sign-up sheet

Your name (first and last): _____

Team name (if applicable): _____ Total # Walkers: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Individual with Down syndrome (if applicable): _____ Age: _____

***NOTE:** Join us Thursday, August 13th @Sinkiuse Square for Korbi Ashton's annual photo shoot exclusively for our children with Down syndrome! You will be able to pre-purchase a 4x3 banner of your child for the parade or purchase a digital and downloadable gallery.

Registration Fee: \$10 per walker (People with Down syndrome walk FREE!)

of Walkers: _____ X \$10 = _____ **Total**

of Free Walkers (with Down syndrome): _____

Registration includes Buddy Walk T-shirt(s).

Please indicate sizes and quantities below:

Youth Sizes: _____ XS _____ S _____ M _____ L

Adult Sizes: _____ S _____ M _____ L _____ XL _____ 2XL

_____ 3XL _____ 4XL _____ 5XL _____ 6XL

This area for DSSGC only	
Total Amount Paid	_____
Cash Amount	_____
Check Amount	_____
Donation Amount	_____
Check #	_____

_____ I'd like to become part of the DSSGC family and be contacted about other programs/events!

_____ I cannot participate this year but please accept my donation of \$_____ to support this event.

Waiver: In consideration of me and/or my minor child being permitted to participate in the Columbia Basin Buddy Walk, I hereby, for myself, my heirs, and personal representatives, assume any and all risks which may be associated with this event. I further waive, release, discharge and covenant not to sue DSSGC, its officers, employees, sponsors, organizers, volunteers, or other representatives or their successors and assigns, for any and all injuries and damages of any kind whatsoever suffered by myself and/or my minor child as a result of taking part in the events and any related activities. I also authorize the use of DSSGC of any photo, film or videotape taken of me or my minor child at the event for any purpose.

Printed Name _____ **Signature** _____ **Date** _____