



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



Saturday, September 24, 2022 3 – 5 p.m.

Registration includes FREE t-shirt and food

PRE-Registration: Please pre-register as we cannot guarantee a shirt at same day registration. Please complete this form and mail with a check payable to DSSGC to: DSSGC, P.O. BOX 811, Moses Lake, WA, 98837 by August 19, 2022

*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: _____

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 _____