

# Lowcountry Down Syndrome Society

## BUDDY WALK REGISTRATION

Please complete this form and mail, with a check payable to **LOWCOUNTRY DOWN SYNDROME SOCIETY**, to: 322 St. John's Road, Guyton, Ga. 31312– before October 18, 2010. Registrations will also be



accepted on the day of the event (October 23, 2010).



Walker's Name \_\_\_\_\_  
 Company/Team Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Walk Begins at 10:30 AM  
on October 23, 2010!!

- Adult/Child Registration - \$ 12.00 per person
- Family Registration (Up to 2 parents & 2 children) - \$40.00
  - Additional Children 18 and Under - \$8.00

All registration fees include *Buddy Walk T-shirt for each walker, Meal ticket, and access to all of the day's events*. Please list the name of each walker and place an "X" under the t-shirt size.

Name of Walker	Youth XS	YouthS	YouthM	YouthL	Adult S	Adult M	Adult L	Adult XL	Adult XXL

- I cannot participate in the walk, but please accept my donation to support inclusion and acceptance of people with Down syndrome:
- \$10   
  \$20   
  \$50   
  Other \_\_\_\_\_

Would you like to become a member of LDSS? (circle one)    yes    no

What is your interest in LDSS? \_\_\_\_\_

Waiver: In consideration of me and/or my minor child being permitted to participate in the Buddy Walk, I hereby—for myself, my heirs and personal representatives—assume any and all risks which might be associated with the event. I further waive, release, discharge and covenant not to sue *Lowcountry Down Syndrome Society*, its officers, employees, sponsors, organizers, volunteers or other representatives or their successors and assigns,