Down Syndrome Society of Mobile County Buddy Walk
Saturday, October 10, 2009 – 10 am
Hank Aaron Stadium
Mobile, AL

BUDDY WALK® REGISTRATION

Complete this form (one per family unit)

Make checks or money orders payable to **DSSMC.** Registration form must be received by **September 24th** for early registration and to guarantee a T-shirt. T-shirts may be picked up after October 8 or at the event. Please send this completed form to:

DSSMC
c/o Goodwill Easter Seals
10 Westminster Way
Mobile, AL 36608

You may register the day of the Buddy Walk® on October 10th from 9:00a.m. to 10:00 a.m.

PLEASE PHOTOCOPY THIS FORM AS NEEDED

Walker/Donor's Name_____

Address_____ City _____ State ____ Zip _____

Phone ( ) _____E-mail_____

I'm walking/making a donation for Team: _____

All Walkers: $10 each **Kids 3 & under – FREE**

Total # of Walkers _____ Total $ Enclosed _____

Participants may purchase additional T-shirts for $7 each. Please indicate T-shirt quantities and sizes below:

_____Youth X-Small	_____Adult Small	_____Adult XL
_____Youth Small	_____Adult Medium	_____Adult XXL
_____Youth Medium	_____Adult Large	_____Adult XXXL
_____Youth Large		

*T-shirts are the receipt of registration to the Buddy Walk® and entitles you to join the games free.

I cannot attend the Buddy Walk® but have enclosed a donation to support individuals with Down syndrome:

☐ $25 ☐ $50 ☐ $100 ☐ $250 ☐ Other_____

You may also donate on-line on our website at www.dssmc.org

Waiver (Must be signed – one per family): In consideration of me and/or my minor children 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 this event. I further waive, release, discharge and covenant not to sue DSSMC, Hank Aaron Stadium or the City of Mobile, their sponsors, organizers, volunteers or other representatives or their successors and assigns, for any and all injuries or damages of any kinds whatsoever suffered by myself and or child as a result of taking part in the events and any related activities. I also authorize the use by Down Syndrome Society of Mobile County of any photo, film, or videotape taken of me or my minor child(ren) for any purpose.

_____ _____

Signature Date

Down Syndrome Society of Mobile County | Phone (251) 342-3122 | Fax (251) 344-6322
www.dssmc.org|info@dssmc.org
Member National Down Syndrome Congress | Member National Down Syndrome Society