



Buddy Walk 2014 Registration Agreement

Walker's Name _____ Street Address _____

City _____ State _____ Zip _____

Phone Number _____ E-mail Address _____

Walking in Honor of _____

Team Name (if applies) _____

- I would like to volunteer. Please contact me.
- I am unable to walk but would love to donate the sum of \$ _____
- I would like to be part of the F.R.I.E.N.D.S. e-mail list for future F.R.I.E.N.D.S. events and information. My e-mail address is _____ @ _____

Available T-Shirt Sizes:

Youth: XS (2-4) YS (6-8) YM (10-12) YL (14-16)

Adult: M L XL 2XL 3XL

Registration Fee is \$10 per walker or \$40 for a family up to four. Each additional family member is \$5. NO registration fee and FREE t-shirt for individual with Down Syndrome.

A limited number of Buddy Walk shirts will be available on day of the walk and will be given to registrants on first come first served basis.

Please list all walkers below. If more space is needed, please attach a separated sheet.

Team Name (if applies): _____

Walker 1: _____ Size _____ Walker 4: _____ Size _____

Walker 2: _____ Size _____ Walker 5: _____ Size _____

Walker 3: _____ Size _____ Walker 6: _____ Size _____

Waiver: Must be signed by a parent or legal guardian if participant is under age 18 or as required by law. I hereby waive all claims against F.R.I.E.N.D.S., sponsors or any personnel for any injury or loss I might suffer by participating in, or as a result of this event. I grant full permission for organizers to use photographs of me and/or quotations from me in legitimate accounts and promotions for this event.

X _____

Send this form along with pledges to: F.R.I.E.N.D.S., P.O. Box 641, Middletown, MD 21769.
Make checks payable to F.R.I.E.N.D.S.