

Registration Agreement

Register and form teams online at:

<https://bit.ly/2Ktt8x5> or complete this form and mail by August 31st.

Walker's Name _____

Street Address _____

City _____ State _____ Zip _____

Daytime Phone _____ E-mail _____

Walking in Honor of _____

☐ I would like to volunteer. Please contact me.

TEAM CAPTAIN: All Donations and registrations must be mailed by August 31st. Your T-Shirts will be available for pick up at the registration table at the Buddy Walk.

Available T-Shirts 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. Individual with Down syndrome free.

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: _____

Walker 1: _____ Size _____

Walker 2: _____ Size _____

Walker 3: _____ Size _____

If registering a person with Down syndrome:

Name: _____ Size _____

Can we list Buddy's name on shirt? Yes _____ No _____

Waiver: Must be signed by 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 portion of your 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.

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