

REGISTRATION FORM

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

TOTAL NO. OF WALKERS _____

NAME OF FAMILY MEMBER WITH DOWN SYNDROME (IF APPLICABLE)

CREDIT CARD INFORMATION (VISA AND MASTERCARD ONLY)

CARD TYPE _____

NAME ON CARD _____

CARD NUMBER _____

EXPIRATION DATE _____ CVV/CVC _____

T-SHIRT SIZES (SELECT ONE FOR EACH REGISTERED WALKER)

ADULT SIZES:

S _____ M _____ L _____ XL _____ 2XL _____ 3XL _____

YOUTH SIZES:

XS _____ S _____ M _____ L _____ XL _____

ONESIE:

3-6 MO. _____ 6-12 MO. _____ 12-18 MO. _____

I CANNOT PARTICIPATE IN THE WALK, BUT PLEASE ACCEPT MY DONATION:

Signature: _____

Date: _____