



Parade of Stars: Down Syndrome Day of Giving Registration Form

Saturday, October 10, 2020

Form must be received by September 4, 2020 to include T-shirt

Name _____ Email _____

If part of a team, please list Team Captain name below:

Street Address _____

City _____ State _____ Zip _____ Phone _____

Individual Walkers (including yourself)		TSHIRT SIZE (if by Sept. 13)	Registration Type
First Name	Last Name	Y- XS(2-4) Y- S(6-8) Y M(10-12) Y- L(14-16) Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL Adult 5XL	Adult (13+) Child (4-12) Child (0-3 – no shirt) Indiv. w/ Down syndrome (list birthdate): _____
First Name	Last Name	Y- XS(2-4) Y- S(6-8) Y M(10-12) Y- L(14-16) Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL Adult 5XL	Adult (13+) Child (4-12) Child (0-3 – no shirt) Indiv. w/ Down syndrome (list birthdate): _____
First Name	Last Name	Y- XS(2-4) Y- S(6-8) Y M(10-12) Y- L(14-16) Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL Adult 5XL	Adult (13+) Child (4-12) Child (0-3 – no shirt) Indiv. w/ Down syndrome (list birthdate): _____
First Name	Last Name	Y- XS(2-4) Y- S(6-8) Y M(10-12) Y- L(14-16) Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL Adult 5XL	Adult (13+) Child (4-12) Child (0-3 – no shirt) Indiv. w/ Down syndrome (list birthdate): _____
First Name	Last Name	Y- XS(2-4) Y- S(6-8) Y M(10-12) Y- L(14-16) Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL Adult 5XL	Adult (13+) Child (4-12) Child (0-3 – no shirt) Indiv. w/ Down syndrome (list birthdate): _____

Total Number of Adult Registrations: _____ X \$ _____ = \$ _____

Total Number of Children Registrations: _____ X \$ _____ = \$ _____

Total Number of Individuals with Down syndrome _____ X Free = \$0

I am including an additional donation of: \$ _____ **Total enclosed: \$ _____**

Are you associated with a team? Yes, their name or team name is _____ No

My company has a matching gift program. Attached is a matching gift form.

I am unable to participate in the walk, please accept my donation of \$ _____

Reg. Dates	Reg. Child	Reg. Adult
6/22-9/13	\$10	\$15
9/5-10/01	\$15	\$20
10/02	ONSITE	ONSITE

Waiver: In acceptance of my or my child's entry to participate in the 2019 Parade of Stars, I hereby release each of the sponsors/co-sponsors and affiliated individuals of the event from any and all causes of actions, suits, and damages which may relate to or arise in any manner from my participation in the event. I also authorize that any photographs of my child or myself may be used for promotional materials of the Down Syndrome Day of Giving or the Down Syndrome Society of Wichita.

Signature _____ Date _____

THIS REGISTRATION IS NOT VALID UNLESS SIGNED