



2021 Registration Form

Please complete this form and mail to

LLDSS Buddy Walk

c/o Ann Wells

6250 Mottar Rd, Rochester, IL 62563

TO REGISTER ONLINE GO TO

www.ildss.org/events

**Southwind Park,
Springfield, IL
10/24/21**

Name: _____

Team: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____

...at a glance

The Buddy Walk® was developed by the National Down Syndrome Society in 1995 to celebrate Down Syndrome Awareness Month in October and to promote acceptance and inclusion of people with Down syndrome. The Buddy Walk® has grown from 17 walks in 1995 to nearly 250 walks. Last year, more than \$14.2 million was raised nationwide to benefit local programs and services, as well as the national advocacy and public awareness initiatives of NDSS that benefit all individuals with Down syndrome.

100% of funds raised through LLDSS Buddy Walk stays right here in the community and helps to fund therapeutic and educational programming opportunities for individuals with Down syndrome.

YES! I/We will be there to help raise awareness and promote inclusion for individuals of all abilities.

___ Individual Registration - \$10/person

___ Children (2-12 years old) - \$5/child

___ Children < 2 year old – Free

___ Individual with Down syndrome– Free **Total all reg \$ _____**

___ **Buddy Walk Yard Signs @ \$15.00 each**

Total Registration + Yard signs = \$ _____

of T-shirt sizes for participants (included with registration):

Adult: S___ M___ L___ XL___ XXL___

Child: XS___ S___ M___ L___

Time Slot our Family/Team will Walk:

10:00 a.m. 11:00 a.m. 12:00 p.m. 1:00 p.m.

Payment:

I have enclosed a check for \$ _____ payable to: **“LLDSS”**

Volunteer:

Please contact me about volunteering on the day of the event.

Waiver for walkers:

I the undersigned assume full and complete responsibility for any injury or accident, which may occur during my participation in LLDSS Buddy Walk or while I am on the premises of the event. I hereby release and hold harmless LLDSS, it's officers, and volunteers. I also hereby grant LLDSS permission to use my likeness in a photograph, video, or other digital media on any and all websites, social media, or publications belonging to LLDSS.

Signature: _____ Date: _____

