



**2011 BUDDY WALK®
REGISTRATION FORM**
Saturday, May 21st
12:00 p.m.– 3:00 p.m.



NEW LOCATION

CORE CREEK PARK - LANGHORNE, PA

Please pre-register by March 31, 2011 to ensure your T-shirt
T-shirts may not be available for those who do not pre-register

Registrations will also be accepted on the day of the event.
PHOTOCOPY THIS FORM AS NEEDED – PLEASE PRINT

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

Team Name (if any): _____

Team consists of 10+ Registered Walkers

| REGISTER WALKERS | | T-SHIRT SIZE(s) - Please write quantity | |
|---------------------------------------|--|---|------------------|
| # Adults _____ | X \$15.00 ea. = \$ _____ <i>(\$20 day of walk)</i> | Adult XL # _____ | Child M # _____ |
| # Children _____ | X \$5.00 ea. = \$ _____ <i>(ages 6-12) (\$10 day of walk)</i> <i>(Children under 6 walk for free!)</i> | Adult LG # _____ | Child SM # _____ |
| | | Adult M # _____ | |
| | | Adult SM # _____ | |
| Additional donation amount = \$ _____ | | | |
| Total = \$ _____ | | | |

BUDDY WALK® DONATIONS

**I cannot attend the Buddy Walk but would like to make
a donation in the amount of**

\$100 _____ \$50 _____ \$25 _____ Other _____

Checks are payable to Hopes and Dreams Foundation, Inc.

Please complete and mail, with your payment to:
Hopes and Dreams Foundation, Inc.
517 Cedarbrook Road
Southampton, PA 18966

For more information, visit www.hopesanddreamsfoundation.org or call 215-264-2859

Waiver: In consideration of me and/or my minor child being permitted to participate in the Buddy Walk, I hereby—for myself, my heirs and personal representatives—assume any and all risks which might be associated with the event. I further waive, release, discharge and covenant not to sue Hopes and Dreams Foundation, Inc., its officers, employees, sponsors, organizers, volunteers or other representatives or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered by myself and/or my minor child as a result of taking part in the events and any related activities. I also authorize the use by the Hopes and Dreams Foundation, and the National Down Syndrome Society of any photo, film or videotape taken of me or my minor child at the event for any purpose.

Signature: _____ Date: _____

(Registration is not valid without signature)