REGISTRATION Mi Great Buddy Walk - Sept. 28, 2019

Carrollton High School - 11am to 1pm

Saturday, September 28, 2019

Carrollton High School Stadium - 3211Carla Dr., Carrollton, MI. 48604

On site registration starts at 10:30am Walk and festivities starts at 11am

OFFICIAL USE ONLY

#

AMT. REC'D _____

CHECK/M.O.# _____

DATE REC'D _____

First Name Middle Initial Last Name

Male Female Date of Birth (month/day/year) Age on race day Estimated Finish Time

Email Address

Daytime Phone Evening Phone

Street Address / Apartment Number

City State

Zip Code Country (leave blank if USA)

Emergency Contact Phone Relation

How did you hear of MiGreat Buddy Walk?
(check all that apply)

- ☐ Friend
- ☐ Previous Participant
- ☐ Email
- ☐ Newsletter
- ☐ Radio
- ☐ TV
- ☐ Magazine
- ☐ Other _____

Buddy Walk is a registered trade mark of the NDSS.

☐ **Individual Registration** — **$5.00**
Single participant

☐ **Family Registration** — **$10.00**
Immediate family only
Each person must fill out a mini registration/waiver form the day of walk.

☐ **Group Registration** — **$50.00**
30 or more participants
Each person must fill out a mini registration/waiver form the day of walk.

Registration Sub-Total $ _____

TOTAL ENCLOSED $ _____

NO REFUNDS.

Payment Information:

Complete this form and mail with a check payable to
SCF/MI Great BuddyWalk
Carrollton Community Education
3211 Carla Drive, Saginaw, MI. 48604.

☐ Yes, I would like a tax deductible receipt

GREAT LAKES BAY REGION NATIONAL DOWN SYNDROME SOCIETY BUDDY WALK®

MI GREAT BUDDY WALK®

THE GREAT LAKES BAY REGION WALKING AS ONE IN SUPPORT OF THE NATIONAL DOWN SYNDROME SOCIETY

Sponsored by

Carrollton - Zilwaukee F.O.E. 4413

Saginaw Community Foundation MICS 8035

Carrollton Community Education "Where Community is at the Heart!"

Bee INSPIRED

Bellsmith GRAPHIC DESIGN & PROMOTIONAL CONCEPTS

Waiver: Signature Required *(parent signs if under 18)*

In consideration of me and/or my minor child being permitted to participate in the Buddy walk, I herby-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 The great lake bay region buddy walk committee, 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 Great Lakes Bay Region Buddy Walk Committee and The Carrollton Community Education of any photo, film, or videotape taken of me or my minor child at the event for any purpose.

Signature (Parent if under 18) _____