



2018 Capital City Step Up for Down Syndrome Walk Saturday, October 6, 2018

Mail-in Registration
Check-in starts at 8:00 a.m.

Walker Registration Form

Team Name: _____

Walker: _____

Address: _____

City, State, Zip: _____

Email: _____

*Shirt Size: _____

Shirt Sizes: 2T, 3T, 4T, 5T, YS, YM, YL, AS, AM, AL, AXL, AXXL, AXXXL

*Registration and payment must be received by September 13, 2018 to receive a free t-shirt.

Please add additional walker names and shirt sizes in the 'additional walkers' box to the right. Individuals with Down syndrome are free.

Registration Fees:

Adult \$22 x total Adults _____

Child \$12 X total Children _____

Check this box if you are unable to attend the walk and would like your t-shirt mailed to you so you can support your team as a virtual walker. Please add \$2 to each adult shirt and \$1 to each child shirt for postage.

Please make checks payable to: DSAF of NE
Mail to DSAF, P.O. Box 57362, Lincoln, NE 68505 (Please do NOT send cash thru the mail).

For more information about the Step Up for Down Syndrome Walk, please visit www.dsafnebraska.org
Email: stepupwalk@dsafnebraska.org

Additional Walkers

Name	shirt size	\$

Additional Donations

Name	\$

Walker Waiver: I hereby release the Capital City Step Up Walk and its sponsors, the hosting DSAF, Lincoln Parks & Rec, and any affiliated individuals of the event from any and all causes of actions, suits, damages, or happenings that may relate to, or arise in any manner from my event participation, my child's, my family's, or my team's. I authorize the use of any photographs taken of myself, my family or my team to be used for future DSAF promotional materials.

Signature _____ Date _____