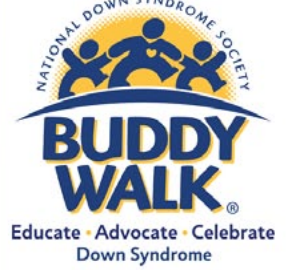




★ CELEBRATING 6 YEARS! ★
Reach for the Stars
Buddy Walk® and Family Fun Day
 Sunday, October 8th, 2017



Registration Form



Join us on Sunday, October 8th for our 6th annual Buddy Walk® & Family Fun Day at Daniel Boone High School! It will be a day of friendship, entertainment, and celebration for the whole family. Our yearly Buddy Walk® allows us to offer support, resources, events, and activities year-round for children, adults, and families in our local Down syndrome community.

Whether you have Down Syndrome, adore someone who does or just want to show your support, come and join the 6th annual Buddy Walk® and Family Fun Day!

Registration is just a click away!

Feel free to skip this form and pay with your credit card online for the Reach for the Stars Buddy Walk® by following the link at www.ds-stride.org/berksbuddywalk. Sign up online or register below by mail.



First NameLast Name

Email

Address

CityStateZip

Phone number



Choose Your Registration Type

Use the blanks to indicate your registration type(s), one for each registrant.

Ages 4 and up	\$14.00 x	_____	
Ages 3 and under	free	_____	
Buddies	free	_____	Total: _____

Team name if starting or joining a team: _____

Donation amount (optional): _____

Select Your Shirt Size

Use the blanks to indicate your shirt size(s), one for each registrant.

No Shirt	_____	YOUTH L (14-16)	_____	ADULT LARGE	_____
YOUTH S (6-8)	_____	ADULT SMALL	_____	ADULT XL	_____
YOUTH M (10-12)	_____	ADULT MEDIUM	_____	ADULT 2XL	_____



Continued on the next page.



Additional Registrants Continued

Use the blanks to fill out the name and email addresses of additional registrants, if applicable.

First Name Last Name

Email

First Name Last Name

Email

First Name Last Name

Email

First Name Last Name

Email

First Name Last Name

Email

First Name Last Name

Email

Waiver

I hereby waive all claims against Reach for the Stars, Eastern PA Down Syndrome Center, sponsors, vendors, volunteers and any personnel for any injury that I or my family member might suffer from this event. I attest that I and my family members are physically fit and prepared for this event. I grant full permission for organizers to use photographs, videos and quotations of me and my family member in legitimate accounts and promotions of this event.

Signature (if 18 or older)

Date

Parent or Guardian signature (if less than 18) Date

Please send this form, along with a check made payable to **Reach for the Stars** to:

Reach for the Stars
PO Box 6090
Wyomissing PA, 19610

For questions contact:

Colleen Rodriquez at (215) 805-7725 or BerksReachForTheStars321@gmail.com



Reach for the Stars

PO Box 6090 | Wyomissing, PA 19610 | www.berksreachforthestars.org