



What: A major multi-site walking event occurring during the month of October, National Down Syndrome Awareness Month

Why: To raise money to support local and national programs, and to promote acceptance and inclusion of all people with Down syndrome

How: Through individuals who seek donations from friends, families and co-workers to sponsor their participation in walks around the country

When: Throughout the month of October, National Down Syndrome Awareness Month, more than 225 Buddy Walks will occur throughout the United States.

The Buddy Walk of Bergen County is Saturday, October 3rd. Registration begins at 10:00 am, and the walk begins at 11:00 am.

Where: Wyckoff Family YMCA
691 Wyckoff Ave, Wyckoff, NJ 07481

in partnership with



SAVE ON
POSTAGE!

**ON-LINE REGISTRATION
AVAILABLE NOW!**

Go to www.bergenbuddywalk.com

2009 Registration Form

Please complete this card and mail, with a check payable to Wyckoff Family YMCA, to:

Buddy Walk of Bergen County
c/o Northern NJ Down Syndrome Alliance
PO Box 453, Wyckoff, NJ 07481

Registrations will also be accepted on the day of the event.

Name _____

Company/Team Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Total # of Walkers _____

YES! I will be there to support this walk.

_____ Individual/Team Member Registration - \$10

_____ Family Registration (Up to 2 adults & 2 children) - \$25

_____ Additional Children 13 and Under - \$5 per child

All registration fees include Buddy Walk t-shirt (while supplies last) for each walker and access to all the day's events.

Be a Super Buddy Walker!

Donate \$50 or more, above and beyond the registration fee,

Please accept my personal contribution of \$ _____

I cannot participate in the walk, but please accept my tax-deductible contribution:

\$10 _____ \$20 _____ \$50 _____ Other _____

Payment:

I have enclosed a check payable to Wyckoff Family YMCA.

Please charge my credit card: (check one)

Visa _____ MasterCard _____ American Express _____

No. _____ Exp. Date _____

Name on Card _____

Signature _____

Volunteer:

Please contact me to volunteer on the day of the event.

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 Buddy Walk of Bergen County or the NNJDSA, 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 Buddy Walk of Bergen County of any photo, film or videotape taken of me or my minor child at the event for any purpose.

Signature _____ Date _____

THIS REGISTRATION IS NOT VALID UNLESS SIGNED.