



2005 Registration Form

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

**Buddy Walk of Bergen County, c/o Jeanne Kelly
158 East Saddle River Road, Saddle River, NJ 07458**

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 _____

the Buddy Walk at a glance

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 1st. Registration begins at 9:30 am, and the walk begins at 11:00 am.**

Where: Wyckoff Community Park
495 Wyckoff Ave, Wyckoff, NJ 07481

Start a team

Organize a group from your workplace, school or community and support the Buddy Walk while building team spirit. Create signs and banners with your team name and have a team photo taken by the Buddy Walk photographer. Teams consist of more than 10 individuals who collectively raise pledges in the name of their team or "buddy."

www.bergenbuddywalk.com
for more information, additional forms and detailed directions.

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 for each walker and access to all the day's events.

I want to be a *Super Buddy Walker!*

_____ Platinum (Up to 6 Walkers) - \$300

_____ Gold (Up to 4 Walkers) - \$150

_____ Silver (Up to 2 Walkers) - \$50

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

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

Payment:

I have enclosed a check for my registration fee or donation.

Please charge my credit card: (check one)

Visa _____ MasterCard _____ American Express _____

No. _____ Exp. Date _____

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, 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 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.