

Registration and Donations

Visit www.bcarc.org/dsfg and download this form!

or

Please complete the form below and mail to:

BCARC Down Syndrome Family Group
395 South St., Pittsfield, MA 01201

Walker's name _____

Please Check if Team Leader

Team name _____

Mailing address _____

City _____ State _____

Zip _____ Phone # _____

E-mail address _____

*Please provide t-shirt size information for you and your team (if applicable). This will also tell us how many people will be walking on your team. Other team members need not fill out a form. *Team names are required!* **T-shirts are guaranteed for pre-registered walkers only. Please register by September 12, 2011 to receive a t-shirt!** Team captains please check in for your team the morning of the walk. *You do not need to be registered with a team to participate.*

S _____	S _____
M _____	M _____
L _____	L _____
XL _____	(YOUTH SIZES)
XXL _____	

DONATIONS and SPONSORS

(Walkers will receive separate sheets.)

Name and Address: (Please include business name, if applicable.)

Phone: _____ Fax: _____

E-mail _____

Contributing Sponsor (\$500 +) \$ _____

Supporting Sponsor (\$250 +) \$ _____

Donation: \$ _____

In Kind Donation:

