



4th Annual • Acton Up with Downs • Aaron Bessant Park

Panama City Beach Buddy Walk™ October 24, 2009

Pre-register or Donate online: <http://buddywalk.kintera.org/pcb>



Office: (850) 249-9988
 Fax: (850) 235-9003
 ActonUpWithDowns@knoology.net
 P.O. Box 9326
 Panama City Beach, FL 32417

GENERAL REGISTRATION

Registering to Walk - *To guarantee a t-shirt, registration must be received before October 5, 2009

___ **Adult** \$20 S M L XL XXL

___ **Child** (12 & under) . . \$5 S M L

First Name _____

Last Name _____

Walking as a member of my family

Family Name _____

Email _____

Address _____

City _____ **St** _____ **Zip** _____

Phone _____

Walking in honor of Name _____

Joining a Team Team Name _____

Starting a Team Please register and start your team online at <http://buddywalk.kintera.org/pcb>

Volunteer on the day of the Buddy Walk

My company has a matching funds program. Attached is the matching funds gift form.

Collected pledges (Please fill in tracking form at right)

I cannot participate in the walk, but please accept my donation \$ _____

TIPS TO RAISE \$500 In One Week



- Day 1:** Start by sponsoring yourself for \$25.
- Day 2:** Ask three family members to sponsor you for \$25.
- Day 3:** Ask five friends to donate \$15.
- Day 4:** Ask five co-workers to sponsor you for \$10.
- Day 5:** E-mail 15 people and ask for a \$10 donation.
- Day 6:** Ask your company for a \$75 contribution.
- Day 7:** Ask two businesses you frequent for \$25.

THE KEY IS TO ASK!

PLEDGE TRACKING

Name	\$ Amount
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Total Collected and Enclosed: \$ _____

PAYMENT DETAILS

Please note that if you are registering a family or multiple individuals for the Acton Up with Downs 2009 Buddy Walk, all participants agree to the following 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 the National Down Syndrome Society or Acton Up with Downs, Inc., 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 NDSS or Acton Up with Downs of any photo, film or videotape taken of me or my minor child at the event for any purpose.

Make checks payable to: Acton Up With Downs, Inc.

Please mail this form along with your check(s) to:
 Attn. Buddy Walk
 P.O. Box 9326 • Panama City Beach, FL 32417

Deadline: *To guarantee a t-shirt, registration form and payment must be received before October 5, 2009.

★ *Acton Up with Downs, Inc. is a 501(c)(3) non-profit*

Signature _____

THIS REGISTRATION IS NOT VALID UNLESS SIGNED