



of Bergen County

The Buddy Walk of Bergen County is **Saturday, October 14th.** Registration begins at 10 am, and the walk begins at 11 am at the Wyckoff Family YMCA 691 Wyckoff Avenue, Wyckoff, NJ.

The Buddy Walk brings together all kinds of families with the goal of raising awareness and inclusion for those with Down syndrome. Last year over 1,400 walkers attended and over \$90,000 was raised for research, Special Olympics, educational programs and for the Billy's Buddies and Shining Star Express programs run by our partner, the Wyckoff Family YMCA. Please join us for this inspiring event and incredibly special day!

For more information, go to www.bergenbuddywalk.com



WYCKOFF FAMILY YMCA



SAVE ON POSTAGE!

ON-LINE REGISTRATION AVAILABLE NOW!

www.bergenbuddywalk.com

2017 Registration Form

Please complete this form and mail to:

Buddy Walk of Bergen County c/o Jen Kaplan
Wyckoff Family YMCA
691 Wyckoff Ave, Wyckoff, NJ 07481

Registrations will also be accepted on-line or on the day of the event.

Name _____

If You Are Walking With a Registered Team, Team Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Registration Fee: \$10 Adults (13 and Older) - \$5 Children (12 and Under)
Fee includes lunch and a t-shirt, while supplies last, and full access to all the days events

_____ ADULT Walkers (13 and older) x \$10 = \$ _____

_____ CHILD Walkers (12 and under) x \$5 = \$ _____

I would like to make an additional donation of \$ _____

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

Total amount enclosed \$ _____

Payment:

Enclosed is my check made payable to **Wyckoff Family YMCA**

Please charge my credit card: (check one)

Visa _____ Master Card _____ American Express _____

Name on card: _____

Credit card # _____

Expiration Date: _____ CV Number: _____

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 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.