

PARTICIPANT REGISTRATION FORM

Registration Costs

\$5 per Participant w/out T-shirt

\$15 per participant w/ T-Shirt*

FREE for participants with Down Syndrome! includes a **FREE t-shirt!***

Registration Deadline

You may register for the walk up to and including the day of the walk.

*You must be registered by **August 31st, 2017** to be guaranteed a t-shirt

Name _____

Address _____

City, State and Zip _____

Phone _____

Email _____

Name of the person with Down syndrome who I am walking in recognition of: _____

☐ I cannot participate, but please accept my donation of \$_____

☐ My company has matching funds. Form Attached.

☐ Please add me to the mailing list for the monthly HOIDSA newsletter.

☐ I am interested in volunteer opportunities. Please contact me

Please list all Participants

Name	T-Shirt	Participant has Down Syndrome?	
		Yes	No
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please fill in the quantity of t-shirts that you are ordering for each size

Adult	S	M	L	XL	XXL	3XL		
#	_____	_____	_____	_____	_____	_____		
Youth	XS(2-4)	S(6-8)	M(10-12)	L(14-16)	Infant Onesies	6mo	12mo	18mo
#	_____	_____	_____	_____	_____	_____	_____	_____

Please note that if you are registering a family or multiple individuals, all participants agree to the following waiver:

Waiver: In consideration of me and/or my minor child being permitted to participate in the Friends of HOIDSA Walk for Down Syndrome, 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 Heart of Illinois Down Syndrome Association, 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 Heart of Illinois Down Syndrome Association of any photo, film, or videotape taken of me or my minor child at the event for any purpose.

Total Amount Enclosed

\$_____ I have enclosed a check or money order for my registration fees.

Signature _____ Date _____

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U.S. POSTAGE
PAID
PEORIA, IL
PERMIT NO. 455

www.facebook.com/hoidsa



www.HOIDSAs.org



ds heart of illinois
Down Syndrome
Association

c/o Bethel Lutheran Church
325 E. Queenwood Road
Morton, Illinois 61550

ds heart of illinois
Down Syndrome
Association

FRIENDS of HOIDSA Walk for Down Syndrome

10TH ANNIVERSARY WALK | **2017**

SPONSORED IN PART BY:



Sunday 9-24-2017
DOZER PARK
PEORIA, IL

DOORS OPEN @1:00pm
WALK @2:30pm

HOIDSA's Mission Statement...

Our mission is to improve the quality of life of persons with Down syndrome by providing support, advocacy, and educational opportunities to those individuals, their families, and community advocates.

FUNDRAISING FORM

Name _____
Address _____
City, State and Zip _____
Phone _____
Email _____

Name of the person with Down Syndrome who I am walking in recognition of:

Please use the space below to list all individuals and/or organizations who are making contributions. Use the space directly to the right to enter the corresponding donation amount. **Thank You!**

Name	Amount
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Total Amount Enclosed: _____

Make Check and/or money
order payable to:

HOIDSA
(Heart of Illinois Down
Syndrome Association)

Return fundraising form with
check/money order to:

HOIDSA attn: FOHWFDS
c/o Bethel Lutheran Church
325 E. Queenwood Rd.
Morton, Illinois 61550

REGISTER AND MANAGE YOUR FUNDRAISING ONLINE

You can register online to participate in the Friends of HOIDSA Walk for Down Syndrome at www.firstgiving.com/HOIDSA. Help raise Down Syndrome awareness right here in the heart of Illinois by creating your own personalized fundraising page for collecting pledges. These pledges will help HOIDSA's mission of providing information and support for families and friends of individuals with Down syndrome. We encourage pledges to be turned in prior to the Walk.

Deadline for online registration: **September 22nd, 2017**

MUST REGISTER BY AUGUST 31ST TO BE GUARANTEED A T-SHIRT!

ABOUT THE FRIENDS OF HOIDSA WALK

The **Friends of HOIDSA Walk** was created by the Heart of Illinois Down Syndrome Association in 2017 to celebrate Down Syndrome Awareness Month in October and to promote acceptance and inclusion of people with Down syndrome.

The **Friends of HOIDSA Walk** is a 1 mile walk in which anyone can participate. The goal of the Walk is to promote understanding and acceptance of people with Down syndrome.

- **FACE PAINTING**
- **RAFFLE**
- **INFLATABLES**
- **CRAFT TABLE**

Thank You
to all **2016**

Participants & Fundraisers



TOP FUNDRAISERS:

1. Austin Ray
2. Rory O'Hanlon
3. Joy Schwarting

TOP FUNDRAISING TEAMS:

1. Heart and Soul
2. Team Claire
3. Team Rory

WHAT IS DOWN SYNDROME?

Down syndrome is a genetic condition that occurs in approximately one in every 691 live births. It affects people of all ages, races and economic levels and is the most frequently occurring chromosomal abnormality. It occurs when there are three, rather than two, number 21 chromosomes present in every cell of the body. Instead of the usual 46 chromosomes, a person with Down syndrome has 47. It is this additional genetic material that alters the course of development and causes the characteristics associated with the syndrome. Down syndrome affects nearly 400,000 people in the United States alone. People with Down syndrome possess a wide degree of abilities and are active participants in the educational, occupational, social and recreational activities in the community.

ABOUT HOIDSA

The Heart of Illinois Down Syndrome Association, Inc. (HOIDSA) is a local support group of parent volunteers funded through donations and fundraising activities

HOIDSA is committed to improving the quality of life of persons with Down Syndrome, as well as those with other disabilities, by sponsoring local workshops and conferences on topics such as health, inclusive education, and behavioral support strategies.

Your fundraising dollars help to provide these services to the tri-county area (Peoria, Tazewell, Woodford)

- Support Advocacy
- Grandparents Group
- Family Networking Opportunities
- Conference Stipends
- Collaboration with Service Agencies
- Monthly newsletters
- Young Adults Cooking Class
- New parent packets
- School Inclusion Grant
- Educational and recreational scholarships
- Biannual workshops
- Nationally renowned presenters on disability issues

OCTOBER IS DOWN SYNDROME AWARENESS MONTH!

Down Syndrome Awareness Month is a chance to spread awareness by celebrating loved ones with Down syndrome and make people aware of their abilities and accomplishments. It can take as little as one minute.

1. Thank a business for employing a person with Down syndrome
2. Share one fact a day about Down syndrome on your Facebook page
3. Ask your library to setup a display of up to date books about Down syndrome
4. Donate books to your local library about Down syndrome
5. Talk to your child's classroom about Down syndrome and his/her abilities
6. Provide an update about your child to his/her pediatrician