

PARTICIPANT REGISTRATION FORM

Registration Costs

Registration Deadline

\$5 per Participant w/out T-shirt  
\$15 per participant w/ T-Shirt\*  
FREE for participants with Down Syndrome! \*You must be registered by September 19th, 2019 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		Participant has Down Syndrome?	
Name	T-Shirt	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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www.facebook.com/hoidsa  
www.HOIDSAs.org

heart of illinois  
Down Syndrome  
Association  
c/o Bethel Lutheran Church  
325 E. Queenwood Road  
Morton, Illinois 61550



FRIENDS of HOIDSA  
Walk for Down Syndrome



11th ANNIVERSARY 2019  
Saturday October 12  
at EASTSIDE Center  
Register at 8 a.m.  
Walk Starts @9:30 a.m.  
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](http://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: **October 10<sup>th</sup>, 2019**

**MUST REGISTER BY SEPTEMBER 19<sup>TH</sup> 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**

Thank You  
to all **2017**

**Participants & Fundraisers**  
**CONGRATULATIONS C's TEAM!**



**Top Fundraising Team**

**TOP FUNDRAISERS:**

1. Joy Schwarting
2. Angie Mills
3. Amber Anderson

**TOP FUNDRAISING TEAMS:**

1. C's Team
2. Payton's Posse
3. Team Max

## 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                    | •Young Adults Cooking Class                          |
| •Grandparents Group                  | •New parent packets                                  |
| •Family Networking Opportunities     | •Educational and recreational scholarships           |
| •Conference Stipends                 | •Biannual workshops                                  |
| •Collaboration with Service Agencies | •Nationally renowned presenters on disability issues |
| •Monthly newsletters                 |  |

### 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