



Down Syndrome Connection  
**Buddy Jam**   
 Encourage, Empower, Embrace.



**Donation/Sponsorship Form**

Please complete this form and mail to **The Arc of the Central Chesapeake Region: 931 Spa Road Annapolis, MD, 21401**— please try and submit by September 20th, 2010. Donations will also be accepted on the day of the event.

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Is this Donation/Sponsorship in honor or memory of someone?: \_\_\_\_\_

\*This information will not be sold or used in any spam or telemarketing calls.

**YES! I want to promote acceptance and inclusion of all people with Down syndrome by donating or sponsoring in one of the following ways:**

- Pay for a deserving and grateful Family's Registration Fee - \$20.00
- Pay for a Family's Full Day of Fun - \$50.00
- Sponsor the Entertainment (Magician, DJ, Face painting, etc.) – \$100.00
- Sponsor an Attraction (Moon bounce, Dunk tank, Giant Slide, etc.) at the Buddy Jam - \$250.00
- General Donation – Please specify amount below.

**I have enclosed a check for my donation in the amount of \_\_\_\_\_.**

**Please charge my credit card in the amount of \_\_\_\_\_.**

**Visa**     **MasterCard**     **American Express**

**No.** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

Waiver: In consideration of me and/or my minor child being permitted to participate in the Buddy Jam, 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 Arc of the Central Chesapeake Region**, 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 Arc of the Central Chesapeake Region**, 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.

PLEASE PHOTOCOPY THIS FORM AS NEEDED