



Presented by the Down Syndrome Parents Group of Western New York

**ENHANCING THE LIVES OF PEOPLE WITH DOWN SYNDROME SINCE 1987** 

### DIAMOND











IN MEMORY OF Ethan Michael CIESIULKA





GOLD



**(** 





**SILVER** 









**LAKESIDE CONCRETE** 

**EXPLORE & MORE**THE RALPH C. WILSON, JR. CHILDREN'S MUSEUM

Down Syndrome Parents Group of WNY

111 Fairlawn Drive









## **JOIN US FOR THE 2024 STEP UP** FOR DOWN SYNDROME AS WE **RETURN TO CANALSIDE FOR OUR**

# **17TH ANNUAL**

# **DOWN SYNDROME**

# **AWARENESS WALK!**

Presented by:

The Down Syndrome Parents Group of Western New York

Enhancing the Lives of People with Down Syndrome Since 1987

#### TAKE THE METRO FROM UB TO AVOID PARKING!

(Harbor Center parking ramp event pricing may be in place.)

Join us Saturday, October 5, 2024, from 11am-2pm. We will have a 1-mile walk route along the inner harbor waterfront. Registration is \$15 and includes a free event t-shirt if submitted before the 9/8 deadline.

A limited number of shirts will be available for purchase at the walk. A \$5 food truck voucher to be used on the day of the event will be provided to all registrants. This is a rain or shine event.

Entertainment will be provided throughout the day including games and activities for kids as well as live music from Strictly Hip.

## **EVENT DETAILS**

10:00 REGISTRATION & GAMES

11:00 WELCOME, PREFORMANCES AND **WARM-UP WITH FITNESS ABILITY** 

11:30 WALK BEGINS

12:00 FOOD TRUCKS & FAMILY FUN!



# REGISTER ONLINE AT



OR SCAN THE CODE >>>

# REGISTRATION

Please complete this form to register for the 2024 Step Up for Down Syndrome via standard US postal service.

**REGISTRATION IS \$15. CHILDREN UNDER 2 ARE FREE.** 

REGISTRATIONS POSTMARKED BY SEPT. 8TH WILL RECEIVE A COMPLEMENTARY EVENT T-SHIRT FOR ALL PARTICIPANTS LISTED.

Mail this form and checks made out to DSPG: 134 Lowell Lane, West Seneca, NY 14224

Please	Indicate	shirt sizes	: & aua	ntities

Please indicate shirt sizes & qu	iantities:	
CHILD: (3T) (Youth Small) (Y	outh Medium)	_ (Youth Large)
ADULT: (S) (M) (L) (X	L) (2XL)	(3XL)
Name(s)		
Address		
City	_ State	Zip code
Phone		
E-mail		
Total enclosed @ \$15 per person	\$	
I/we cannot attend the event, but p my/our donation of \$		

Yes! I would like to join the Down Syndrome Parents Group of Western New York (DSPG) mailing list.

Proceeds support Step Up for Down Syndrome & DSPG events.

## Thank you for your support.

I understand that participating in this event may result in personal injury and/or property damage. I agree to release the Down Syndrome Parents Group of Western N.Y., its Officers and Directors ("DSPG") from any and all liability, and agree to waive all claims against DSPG for personal injury and/or property damage that I or my children may sustain arising out of our participation in this event, regardless of who is at fault.

