



Walk in the Park 2017

Ticket & T-Shirt Order Form (Order by **September 6** to guarantee t-shirt sizes)

Team Name: _____

Primary WITP Team Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

(Please complete ALL fields above in the event we need to contact you with questions or information. Thank you!)

STEP UP FOR DOWN SYNDROME INCENTIVE RESULTS

2017 Step Up for Down Syndrome Team Total: _____ / \$175 = _____
\$ Total Raised WITP ticket packages earned

Of the ticket packages earned above, our team would like to claim _____ WITP ticket packages

All incentive packages MUST be claimed by August 25 at 5 pm.

INDIVIDUAL TICKET PACKAGES

Teams may purchase additional ticket packages. A ticket packages includes a game ticket, t-shirt and a wristband to walk the warning track before the game.

Before Aug 25: _____ packages x \$35 = _____ / **After Aug 25:** _____ packages x \$40 = _____

T-SHIRTS & WRISTBANDS ONLY

Individuals who already have a ticket to the game and wish to participate in the walk ~ OR ~ Children age 3 & under who are sitting in a lap & don't need a ticket to the game but would like a t-shirt

_____ **Child T-Shirts X \$10 each =** _____ **Adult T-Shirts X \$15 each =** _____

T-SHIRT SIZES (Incentive pkgs + individual pkgs + T-shirt/WB only = Total T-Shirts _____)

Toddler Sizes: 2T _____ 3T _____ 4T _____

Youth Sizes: S _____ M _____ L _____

Adult Sizes: S _____ M _____ L _____ XL _____ 2XL _____ 3XL _____

Payment

Packages via SUDS Incentive: _____ x FREE = \$0

Individual Packages @ \$35: _____ x \$35 = _____

Individual Packages @ \$40: _____ x \$40 = _____

Shirt/Wristband Only - Child: _____ x \$10 = _____

Shirt/Wristband Only - Adult: _____ x \$15 = _____

(Optional) Shipping*: _____ shirts x \$3 = _____

**Shipping orders will be mailed by 2-Day Priority Shipping on the Monday prior to the walk.*

TOTAL PAYMENT DUE: _____

Payment Method: Cash Check # _____

Credit - Visa MC Discover AmEx

Card Number: _____

Exp Date: _____ CSC: _____

Billing Address (If different from above)

Name on Card: _____

Signature: _____

Please check here if anyone in your group needs accessible/wheelchair seating. We will contact you to make arrangements.