



# Walk in the Park 2018

Ticket & T-Shirt Order Form (Order by **Aug 30 @ NOON** 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

2018 Step Up for Down Syndrome Team Total: \_\_\_\_\_ / \$150 = \_\_\_\_\_  
\$ 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 29 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.

\_\_\_\_\_ packages x \$35 = \_\_\_\_\_

### 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 \_\_\_\_\_ 4XL \_\_\_\_\_

#### Payment

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

Individual Packages: \_\_\_\_\_ x \$35 = \_\_\_\_\_

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, Sep 17.*

**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.