



Walk MS 2008 Team Registration Form

walk to
create a world
free of MS

NMSS Walk MS Headquarters
1650 South Avenue, Suite 100
Rochester, NY 14620-3901
Phone: 1.800.FIGHT MS
Fax: (585) 461-9159
Email: events@msupstateny.org

Dear Walk MS Team Captain:

- Please use this form to register any Team members of your Walk MS Team.
- Please ensure that Team members give ALL of the information that is requested below-the information will not be shared or sold in any way.
- Please register all Team members. They will then receive individual registration materials and event information.
- Feel free to make copies of this form if you need to add more Team members
- When you are done simply mail, fax or email it back to us and we'll take care of the rest!

TEAM NAME: MCC TEAM _____

School

MS WALK SITE: GENESEE VALLEY PARK _____ TEAM TYPE:
(circle one)

TEAM CAPTAIN

NAME:		DATE OF BIRTH: (MM/DD/YYYY)	
STREET ADDRESS:		HAVE YOU PREVIOUSLY PARTICIPATED IN WALK MS? Y OR N	
CITY:		STATE:	ZIP:
HOME PHONE: ()	WORK PHONE: ()	EMAIL: (IN ORDER TO REDUCE PAPER AND MAILING COSTS WE ENCOURAGE YOU TO SHARE AN EMAIL ADDRESS)	T-SHIRT SIZE: (CIRCLE ONE) S M L XL 2XL
HOW DID YOU HEAR ABOUT THE MS WALK? (CIRCLE ONE) BROCHURE TV RADIO WEB MAILING FROM FRIEND OTHER			

TEAM MEMBERS

NAME:		DATE OF BIRTH: (MM/DD/YYYY)	
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