

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:

TEAM NAME: MCC TEAM _____

- Please use this form to register any Team members of your Walk MS Team.
- Please ensure that Team members give <u>ALL</u> 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!

MS WALK SITE: C	GENESEE VALLEY PARK _		TEAM TYPE: (circle one)			School				
		TEAM CAPTAI	N							
NAME:					DATE OF BIRTH: (MM/DD/YYYY)					
STREET ADDRESS:					HAVE YOU PREVIOUSLY PARTICIPATED IN WALK MS					
CITY:		STATE:		ZIP:						
HOME PHONE:	WORK PHONE:	EMAIL: (IN ORDER TO REDUCE PAPER AND MAILIN YOU TO SHARE AN EMAIL ADDRESS)	G COSTS WE ENCOURAGE	T-SHIRT SIZE: (CIRCLE ONE)						
,	/			S	M	L	XL	2XL		
HOW DID YOU HEAR AB	OUT THE MS WALK? (CIRCLE ONE)	•								
BROCHURE TV	RADIO WEB MAILING	FROM FRIEND OTHER								
		TEAM MEMBEI	RS							
NAME:				DATE	OF BIRTH:	(MM/DD/Y)	ryy)			
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	T-SHII	RT SIZE: (CI	RCLE ONE)				
()	()	YOU TO SHARE AN EMAIL ADDRESS)			•	•		0.4		
, , ,	, ,			S	M	L	XL	2XL		
BROCHURE TV	DUT THE MS WALK? (CIRCLE ONE) RADIO WEB MAILING	FROM FRIEND OTHER								
NAME:	RADIO WEB MAILING	FROM FRIEND OTHER	ľ	DATE	OF BIRTH:	/MM /DD /V	vvv)			
NAME;				DAIL	OF BIKIN:	(MM/ DD/ 11	,			
STREET ADDRESS:				HAVE Y O		IOUSLY PA	ARTICIPATE	D IN WALK MS		
CITY:		STATE:		ZIP:						
HOME PHONE:	WORK PHONE:	EMAIL: (IN ORDER TO REDUCE PAPER AND MAILING	COSTS WE ENCOURAGE	T-SHII	RT SIZE: (CI	RCLE ONE)				
()	()	YOU TO SHARE AN EMAIL ADDRESS)		S	Μ .	L	XL	2XL		
HOW DID YOU HEAR AB	OUT THE MS WALK? (CIRCLE ONE)	·	•							
BROCHLIRE TV	RADIO WFR MAILING	FROM FRIEND OTHER								

NAME:	ME:					DATE OF BIRTH: (MM/DD/YYYY)					
TREET ADDRESS:					HAVE YOU PREVIOUSLY PARTICIPATED IN WALK MS						
CITY:					STATE:	ZIP:	- N				
HOME PHONE:		WORK PHONE:		FMAII:	(IN ORDER TO REDUCE PAPER AND MAILING COSTS WE ENCOURAGE	T-SHI	RT SIZE: (CI	CIE ONE)			
()		()			(IN ORDER TO REDUCE PAPER AND MAILING COSTS WE ENCOURAGE AN EMAIL ADDRESS)			KCLE UNE)			
NOW BID VOIL III	AD ADAUT T	HE MS WALK? (CIRC	CIE ONE			S	M	L	XL	2XL	
BROCHURE		ADIO WEB	MAILING	FROM FRI	END OTHER						
NAME:		ADIO WED	MAILING	TROMITA	END OTHER	DATE	OF BIRTH:	MM/DD/YY	YY)		
STREET ADDRESS:	:						E YOU PREV Dr N	IOUSLY PA	RTICIPATE	D IN WALK MS	
CITY:					STATE:	ZIP:					
HOME PHONE:		WORK PHONE:		EMAIL:	(IN ORDER TO REDUCE PAPER AND MAILING COSTS WE ENCOURAGE	T-SHI	RT SIZE: (CI	RCLE ONE)			
()		()		YOU TO SHARE	AN EMAIL ADDRESS)	S	М	L	XL	2XL	
HOW DID YOU HI	EAR ABOUT TI	HE MS WALK? (CIRC	CLE ONE)				741		/L	ZAL	
BROCHURE	TV R	ADIO WEB	MAILING	FROM FRI	END OTHER						
NAME:						DATE OF BIRTH: (MM/DD/YYYY)					
STREET ADDRESS:	:						YOU PREV	IOUSLY PA	RTICIPATE	D IN WALK MS	
CITY:					STATE:	ZIP:					
HOME PHONE:		WORK PHONE:		EMAIL:	(IN ORDER TO REDUCE PAPER AND MAILING COSTS WE ENCOURAGE	T-SHI	RT SIZE: (CI	RCLE ONE)			
()		()		YOU TO SHARE	AN EMAIL ADDRESS)	S	М	L	XL	2XL	
HOW DID YOU HI	EAR ABOUT TI	HE MS WALK? (CIRC	CLE ONE)				741		/L	ZAL	
BROCHURE	TV R	ADIO WEB	MAILING	FROM FRI	END OTHER						
NAME:				DATE OF BIRTH: (MM/DD/YYYY)							
STREET ADDRESS:	:						YOU PREV	IOUSLY PA	RTICIPATE	D IN WALK MS?	
CITY:					STATE:	ZIP:					
HOME PHONE:		WORK PHONE:		EMAIL:	(IN ORDER TO REDUCE PAPER AND MAILING COSTS WE ENCOURAGE	T-SHI	RT SIZE: (CI	RCLE ONE)			
()		()		YOU TO SHARE	AN EMAIL ADDRESS)		,		\/I	2)//	
HOW DID YOU HI	FAR AROUT TI	HE MS WALK? (CIRC	CLE ONE)			S	M	L	XL	2XL	
BROCHURE		ADIO WEB	MAILING	FROM FRI	END OTHER						
NAME:			DATE OF BIRTH: (MM/DD/YYYY)								
STREET ADDRESS:	1							OUSLY PA	RTICIPATE	D IN WALK MS?	
CITY:					STATE:	ZIP:	OR N				
HOME PHONE:		WORK PHONE:		EMAIL: YOU TO SHARE	(IN ORDER TO REDUCE PAPER AND MAILING COSTS WE ENCOURAGE AN EMAIL ADDRESS)	T-SHI	RT SIZE: (CII	RCLE ONE)			
()		()				S	М	L	XL	2XL	
		HE MS WALK? (CIRC	-		5.15 OF1.15						
BROCHURE NAME:	TV R	ADIO WEB	MAILING	FROM FRI	END OTHER	DATE	OE DIDTU.	MM /DD /VV	(V)		
vant.				DATE OF BIRTH: (MM/DD/YYYY)							
STREET ADDRESS:	:					I	YOU PREV	OUSLY PA	RTICIPATE	D IN WALK MS?	
CITY:					STATE:	ZIP:					
HOME PHONE:		WORK PHONE:		FM AII -	(IN ORDER TO REDUCE PAPER AND MAILING COSTS WE ENCOURAGE	IH2.T	RT SIZE: (CII	CLE ONE)			
()		()		YOU TO SHARE	(IN ORDER TO REDUCE PAPER AND MAILING COSTS WE ENCOURAGE AN EMAIL ADDRESS)						
, ,		HE MS WALK? (CIRC				S	М	L	XL	2XL	

BROCHURE

TV

RADIO

WEB

MAILING

FROM FRIEND

OTHER