



# Walk MS 2011 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: nyrevents@nmss.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: \_\_\_\_\_

WALK MS SITE: \_\_\_\_\_ TEAM TYPE: \_\_\_\_\_  
(circle one) Friends/Family School  
Corporate Place of Worship  
Club Organization

## 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 WALK MS? (CIRCLE ONE) BROCHURE TV RADIO WEB MAILING FROM FRIEND OTHER			

## TEAM MEMBERS

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