



Bike MS Pedal to the Point Ride 2009

Registration Form PLEASE PRINT CLEARLY



Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

My address has changed since last year: Yes or No (Please Circle)

Email: _____

Phone (H): _____ (W): _____ Sex: F M

Date of Birth: ____/____/____ T-shirt Size: M L XL XXL

Employer: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

I Plan to ride:	150 miles (\$250 pledge min.) Two days	75 miles (\$250 pledge min.) Saturday only	30 miles (\$250 pledge min.) Saturday Only	OR Volunteer for the Ride
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I Plan to ride the Century Loop (8/15 only):
YES or NO (please circle)

Please check all that apply:

- Would you like a BIKE CHAMPION?*
- *Society pairs you with someone with MS to ride for.*
- I prefer to have my Bike materials mailed to me.
Otherwise items will be made available online for download.
- I would like to jumpstart my fundraising efforts by making a self pledge. If checked, \$ _____
- I would like additional information on Fundraising.
- I would like information on forming a team.
- I would like you to send me brochures and posters.
- I would like you to send me info about MS and the National MS Society?

TEAM INFORMATION (if applicable)

Team Name: _____

Name of Company/Org: _____

Team Captain: _____

Email (Team Captain Only): _____

Team Type: Friends/Family Corporate
Club/Org School Religious

PAYMENT INFORMATION

- \$0 Free Registration
(will be notified if applies)
- \$45 11/21/08 - 4/15/09
- \$50 4/16/09 - 8/1/09
- \$60 8/2/09 - 8/9/09

PAYMENT TYPE:

Check (payable to: National MS Society)

VISA MC DISC

Card # _____

Exp. Date: ____/____/____

Verification Code _____
(3-digit number on the back of your card)

Name on the Card: _____