

# Just Cure It October 3, 2009 Registration Form

Please return to National MS Society, Just Cure It Processing Center  
6155 Rockside Road Suite 202, Independence OH 44131  
Or fax to 216-696-2817



Team Name \_\_\_\_\_

Division (check one)    Men's     Women's

**Baller Registration \$100**  
(includes entry for a team of 3-5 players)

**Shot Caller Registration \$125**  
(includes entry for a team of 3-5 players and each player receives a t-shirt and lunch)

Payment    Check Enclosed (made payable to the National MS Society)     VISA     Master Card     Discover

Name on Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_    3 Digit Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

Cardholder Phone \_\_\_\_\_    Cardholder E-Mail \_\_\_\_\_

Cardholder Signature (Acceptance of Terms) \_\_\_\_\_    Date \_\_\_\_\_

## Player 1 - Captain

First Name \_\_\_\_\_    Date of Birth \_\_\_\_\_

Last Name \_\_\_\_\_    T-Shirt Size \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_    Zip \_\_\_\_\_    Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

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Player 2

First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last Name \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_

Player 3

First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last Name \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_

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Player 4

First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last Name \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_

Player 5

First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last Name \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_