



National
Multiple Sclerosis
Society
Ohio Buckeye
Chapter

Bike MS Pedal to the Point Ride 2008

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 (Two days) 75 miles (\$250 pledge min.) (Saturday only) 30 miles (\$250 pledge min.) (Saturday Only) Virtual Ride (\$250 pledge min.) (Available Anytime) **OR** Volunteer for the Ride

I Plan to ride the Century Loop (8/16 only):
YES or NO (please circle)

Please check all that apply:

- I would like to be a CHAMPION AGAINST MS.
- I want to pick up my fundraising packet via the web.
- 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?
- How many years have you participated in the Ride?
- What is your personal fundraising goal? \$ _____

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)
- \$35 8/27/07 - 4/15/08
- \$40 4/16/08 - 8/01/08
- \$50 8/2/08 - 8/10/08

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: _____

Bike to create a world free of MS!

Mail or fax to the National MS Society:

6155 Rockside Rd., Suite 202 Independence, OH 44131 or 216-696-2817