

WALK MS 2009

Registration Form

PLEASE PRINT CLEARLY

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Has your address changed since last year: _____ YES _____ NO

Email (please circle) *work* or *home* : _____

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

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

Employer: _____

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

Please choose one of these Walk MS Sites:

- McConnelsville 4/17
- Athens 4/18
- Columbus 4/18
- Lancaster 4/18
- Newark 4/18
- Akron 4/25
- Hartville 4/25

- Mahoning Valley 4/25
- Massillon 4/25
- Mentor 4/25
- Wooster 4/25
- Cleveland 5/16
- Virtual Walk Anytime

Please Answer These Questions:

- Would you like a WALK CHAMPION?*
- *Society pairs you with someone with MS to walk for.
- I prefer to have my Walk materials mailed to me. *Otherwise items will be made available online for download.*
- Would you like to jumpstart your fundraising efforts by making a self pledge? If checked, \$ _____
- Would you like additional information on fundraising?
- Would you like brochures?
- Would you like posters?
- Would you like info about MS and the National MS Society?
- How many years have you participated in the Walk?
- What is your personal fundraising goal? \$ _____

TEAM INFORMATION

- Team Name: _____
- Name of Company/Org: _____
- Team Captain: _____
- Email (Team Captain Only): _____
- Team Type: Friends/Family Corporate
Club/Org. School Religious

*Mail to the National MS Society at
6155 Rockside Rd., Suite 202 Independence, OH 44131
or fax to 216-696-2817*

Online registration and pledge processing will be available at www.MSohiowalk.org.