



WALK MS: REGISTRATION FORM

First: MI:

Last:

Address:

City: State: Zip:

Phone: **Home:** **Work or cell:**

E-Mail: Sex: "M" or "F":

Date of Birth: Employer:

Including 2013, I have walked years.

My Personal Fundraising Goal:
(no minimum required to participate but event T-shirts & rewards are earned through fundraising)

Walkers who have participated 4+ years are **Champions 4 MS** and will receive recognition.

I am a Survivor honors people living with MS. These participants will receive a special T-shirt at event.
If you have MS, please indicate preferred size: Small Medium Large XL 2XL

TEAM INFORMATION:
(team must recruit at least 4 walkers) **Team Name:**

I am the Captain or **Captain's Name:**

- Please put an "X" by the site you will walk in:
- Toledo**
Sunday, April 14
 - Allen Co. / Lima**
Saturday, April 27
 - Findlay**
Saturday, April 27
 - Sandusky**
Saturday, May 4
 - Defiance**
Saturday, May 4
 - Lorain County**
Saturday, May 18
 - Richland County**
Saturday, May 4

- Please put an "X" in all that apply:
- Register me as a "**SleepWalker**". I will fundraise & earn prizes but will not participate at the Walk MS site. A "wake-up call" will be made in May with directions on returning pledges and collecting fundraising prize.
 - I would like to VOLUNTEER or know a group that would be able to volunteer.
 - Send brochures and/or posters (when available).
 - Please send me information about multiple sclerosis and the National MS Society.

Mail, FAX or e-mail form to:
Walk MS, 401 Tomahawk Dr.,
Maumee, OH 43537

Fax: (419) 897-9733
karen.moore@nmss.org

(419) 897-9533 /
800-FIGHT MS opt 2
walkMS.org