



WALK MS: REGISTRATION FORM

PARTICIPANT INFORMATION

First _____ MI_ Last _____

Address _____ City _____ State_ Zip _____

Phone _____ E-mail _____

• I have MS • Relative with MS • Friend/coworker with MS • Other

How many years have you participated in Walk MS (not including this year)? ____

EVENT INFORMATION

I'm walking in (event location) _____

Personal fundraising goal (raise \$100 receive Walk MS t-shirt) _____

• Individual Participant • Team • I would like more information on forming a team • Volunteer

TEAM INFORMATION

Team Name _____ Team Captain Name _____

Name of company/org. _____

Team type: • Friends/Family • Corporate • Church/Religious Organization
• School/School Organization • Medical Community

Register additional family members in your household by providing their name(s) and email address(es) _____

MAIL TO:

National Multiple Sclerosis Society
Alabama - Mississippi Office
145 Executive Drive
Suite 1
Madison, MS 39110
Tel: 601-856-5831
Fax: 601-856-7173
Website: www.nationalMSSociety.org/alc