

Walk MS Team Registration Form

National MS Society, Greater Illinois Chapter 525 W. Monroe, Suite 900, Chicago, IL 60661

Phone: 1.888.343.1179
Fax: 1.312.421.4544
E-mail: WalkMSillinois.org

Dear Walk MS Team Captain:

- Please use this form to register ALL of your Walk MS team members.

 Tip: Copy page 2 of the blank form before you start, in case you run out of room & need another page.
- Please ensure each team member provides ALL requested information (We do not share collected information outside of the Society nor do we sell it to third parties).
- Please register all participating team members. We will send individual registration materials and event information to each of them.
- Mail, fax or e-mail the completed form to us, and we will take care of the rest!

Team Name:						
Walk MS Site:				Campaign Year:		
TEAM CAPTAIN						
NAME:		DATE OF BIRTH: (MM/DD/YYYY)				
STREET ADDRESS:		IS THIS YOUR FIRST WALK MS EVENT? (CIRCLE ONE) Y OR N				
CITY:			STATE:	ZIP:		
HOME PHONE:	WORK PHONE:	E-MA	L: (Your e-mail address saves printing & postage \$ more for the mission!)	T-SHIRT SIZE (CIRCLE ONE):		
()	()			S M L XL 2XL		
HOW DID YOU HEAR ABO	OUT WALK MS? (CIRCLE ONE)					
BROCHURE TV RADI	O WEB MAILING FROM	M FRIE	ND OTHER:			
TEAM MEMBERS						
NAME:		DATE OF BIRTH: (MM/DD/YYYY)				
STREET ADDRESS:		IS THIS YOUR FIRST WALK MS EVENT? (CIRCLE ONE) Y OR N				
CITY:			STATE:	ZIP:		
HOME PHONE:	WORK PHONE:	E-MA	L: (Your e-mail address saves printing & postage \$ more for the mission!)	T-SHIRT SIZE (CIRCLE ONE):		
()	()			S M L XL 2XL		
HOW DID YOU HEAR ABOUT WALK MS? (CIRCLE ONE)						
BROCHURE TV RADIO WEB MAILING FROM FRIEND OTHER:						
NAME:		DATE OF BIRTH: (MM/DD/YYYY)				
STREET ADDRESS:		IS THIS YOUR FIRST WALK MS EVENT? (CIRCLE ONE) Y OR N				
CITY:			STATE:	ZIP:		
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HOW DID YOU HEAR ABOUT WALK MS? (CIRCLE ONE)						
BROCHURE TV RADIO WEB MAILING FROM FRIEND OTHER:						

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	Team:	Site:	Year:

TEAM MEMBERS						
NAME:		DATE OF BIRTH: (MM/DD/YYYY)				
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HOME PHONE:	WORK PHONE:	E-MA		T-SHIRT SIZE (CIRCLE ONE):		
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HOW DID YOU HEAR ABOUT WALK MS? (CIRCLE ONE) Comments:						
BROCHURE TV RADIO V	WEB MAILING FROM FRIEND	ОТНІ	ER:			
NAME:			DATE OF BIRTH: (MM/DD/YYYY)			
STREET ADDRESS:				IS THIS YOUR FIRST WALK MS EVENT? (CIRCLE ONE) Y OR N		
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NAME:				DATE OF BIRTH: (MM/DD/YYYY)		
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HOME PHONE:	WORK PHONE:	E-MA	IL: (E-mail addresses \$ave printing and postage!)	T-SHIRT SIZE (CIRCLE ONE):		
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HOW DID YOU HEAR ABOUT				Comments:		
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NAME:				DATE OF BIRTH: (MM/DD/YYYY)		
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