

free of MS

## 2014 WALK MS REGISTRATION FORM

45

Mail or fax to the Kentucky-Southeast Indiana Chapter (information to the left).

National Multiple Sclerosis Society Kentucky Southeast Indiana Chapter

<u>PLEASE PRINT</u>. Online registration and pledge processing are available at www.walkmskyorg. You may also visit our website at www.nationalmssociety.org/kyw.

Name:			
Home Address:			
City:	State:	Zip:	
Phone (w/area code) (H): ( )	(W): (	)	
Email:			
Date of Birth:/	Sex:	F M	
Employer:			
Emergency Contact:			
Emergency Phone Number:			-
I will walk in: (check one)			
Central Kentucky (Elizabethtown) - Saturday September 6, 20° Paducah—Saturday September 27, 2014 Bowling Green—Saturday September 13, 2014	<b>14:</b>	Freema Noble F Preston	
TEAM INFORMATION			
I am the team captainI am on a team Team Name:		ntact me about fo	rming a team
Team Captain:			
Team Type: Friends/Family Corporate Club/Org	School	Religious	Other
<ul> <li>How many years have you participated in this event, prior to Would you be interested in serving on the Walk MS Commitonia.</li> <li>Does your company have a matching gifts program?</li></ul>	ttee?		
I Please Check all that apply:			
I would like more information about forming a tea I would like brochures/posters. I would like help with my fundraising efforts. Please sign me up for Advocacy Action Alert emai			