



create a world

free of MS

2014 WALK MS REGISTRATION FORM

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

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

National Multiple Sclerosis Society Kentucky Southeast Indiana Chapter

Name:						
Home Address:						
City:				State:	Zip:	
Phone (w/area c	ode) (H): ()		(W): ()	
Email:						
Date of Birth: _	/	<i>J</i>		Sex:	F M	
Employer:						
Emergency Cont	act:					
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Lexington—Satu Louisville—Satu			RJ Corn Waterf			
TEAM INFORMA	TION					
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Team Captain: _						
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Ple	ase sign me up	for Advocacy A	Action Alert ema	ails.		