

Registration



Please Print

Mr. Ms. First Name: _____

MI Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Home: _____ -- _____ -- _____

Work: _____ -- _____ -- _____

Email: _____

(So we can send you information online)

Date of Birth: (mm/dd/yy) _____

Sex Male Female

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

My company has a matching gifts program.

I will walk in:

Brevard

Team Information

Team Name: _____

Team Captain: _____

Team Type: Corporate Friends/Family Place of Worship
 School Club Organization

Representing: (Name of organization) _____

I would like more information on forming teams.

Please call me to help with my fund-raising efforts.

Fundraising Goal: \$ _____

T-Shirt Size: Medium Large
 X-Large XX-Large

Volunteers

I am walking, and would also like more information on volunteering before and after the walk.

I am unable to walk but would like to be a volunteer.

Please send me information about Multiple Sclerosis and the NMSS.

Mail form to:
National MS Society - Mid-Florida Chapter
2701 Maitland Center Pkwy. Ste 100
Maitland, FL 32751

Fax form to:
407-478-8893
Email form to Gaby Casado at:
Gaby.Casado@nmss.org