

# 2012 WALK MS REGISTRATION

WALK MS LOCATION: \_\_\_\_\_

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Team Name \_\_\_\_\_ Team Captain Name \_\_\_\_\_  
(if applicable)

## Are you 18 years of age or older?

- Yes
- No

## Please tell us your connection to multiple sclerosis:

- I have MS
- I have a Friend or Co-worker with MS
- Relative: Child of person with MS
- Relative: Parent of person with MS
- Relative: Sibling of person with MS
- Relative: Spouse of person with MS
- Relative: other
- Other

You will receive a confirmation email, login information and tips for using the online tools if you provide us with your email address.

## Walkers fundraising \$100 or more qualify for an event T-shirt. What is your T-shirt size?

- Small
- Medium
- Large
- X-Large
- XX-Large

### Mail this form to:

National Multiple Sclerosis Society  
Greater Northwest Chapter  
192 Nickerson Street, Suite 100  
Seattle, WA 98109

1-800-344-4867  
Fax: 206-284-4972  
[www.walkMSnorthwest.org](http://www.walkMSnorthwest.org)  
[walkMSnorthwest@nmss.org](mailto:walkMSnorthwest@nmss.org)