# 2012 BIKE MS: COX ATLANTA RIDE REGISTRATION FORM

**September 15-16, 2012**
**www.bikeMSgeorgia.org**

## RIDER INFORMATION

Name _____
Address _____
City/St/Zip _____
Phone (H)_____ (W)_____ (C)_____
E-mail _____

Birth Date (Must Be 12 years old by event) _____ Gender ❑ Male ❑ Female

**ON A TEAM?** TEAM NAME: _____ TEAM CAPTAIN: _____

**FUNDRAISING GOAL:** _____ (Participant Must List at least $250 minimum pledge)

**Please Read the Following Statements Carefully and Indicate Agreement Below:**
I understand that by participating in this event, I am agreeing to pay a minimum of $250 for the Bike MS: Cox Atlanta Ride 2012 either through pledges or a personal donation.
_____ *Yes, I understand my commitment of raising $250 for the Bike MS: Cox Atlanta Ride 2012.*

I understand that in order to participate in the Bike MS: Cox Atlanta Ride 2012, my minimum commitment of $250 must be turned in prior to or at the packet pickup when obtaining my rider credentials (packet pickup dates will be listed on the website as they become available).
_____ *Yes, I understand that my minimum fundraising commitment of $250 is due when I pick up my rider packet.*

## REGISTRATION:

| Deadline | Description | Amount |
|---|---|---|
| **September 9, 2012** | Registration Fee | □$50 |
| **September 10-14, 2012** | Registration Fee ($50) + Minimum Pledge ($250) | □$300 |
| | **TOTAL AMOUNT ENCLOSED:** | **$** |

## METHOD OF PAYMENT

| | | |
|---|---|---|
| ☐ **Check** | | |
| ☐ **VISA** | **Account #** | **Exp Date:** |
| ☐ **MASTERCARD** | **Account #** | **Exp Date:** |
| ☐ **AMERICAN EXPRESS** | **Account #** | **Exp Date:** |
| **Name as it appears on credit card:** | | **Security Code:** |
| **SIGNATURE:** | | |

**SPECIAL NOTICES:** Registration Fees are non-refundable, non-transferable, and do not apply toward minimum pledge. The minimum pledge of $250 is due prior to or at packet Packet-Pickup in order to obtain rider credentials. Waiver forms are available online at www.bikeMSgeorgia.org or by mail and fax from the National MS Society, Georgia Chapter and must be turned in at Packet Pick-Up before a participant can receive their rider number. Blank forms will be available. Participants between the eligible participant ages of 12-18 must have their Pledge and Waiver forms signed by a parent or legal guardian and NOTARIZED. Participants indicating team membership agree to the release of personal contact information to their team's official representative.

Make Checks Payable To: **National Multiple Sclerosis Society**
**1117 Perimeter Center West, Suite E101, Atlanta, GA 30338 (678) 672-1000**

**NMSS Office Use Only:**
Pd_____ Amt_____ Dep #_____Ck/Cash_____