



2017 National Bike MS Passport Program Registration Form

This form should be filled out by the home chapter and submitted with the waiver to:
Fundraising Support Center
fundraisingsupport@nmss.org
National Multiple Sclerosis Society
900 S Broadway – Suite 200
Denver, CO 80209

Home Chapter information:

Chapter Name: _____
Contact Person: _____
Title: _____
Phone #: _____
Email: _____

2017 National Bike MS Passport Program Member information:

Name: _____
Date of Birth: _____
Address Type: Home _____ Work _____
Employer: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____ ext. _____
Phone Type: Home _____ Work _____
Email Address: _____
Emergency contact and phone: _____

What ride will they be participating in: _____

Does Passport cyclist need a Passport Jersey? (Note: design has not changed from previous years)

If yes, please indicate size: XS S M L XL XXL

\$'s raised at home bike ride this year: _____

How many years has the member participated in your Bike MS Ride? _____

What is the member's connection to MS? _____

Is the member a National Team Captain? If so, which team? (They will be registered as part of the host chapter's local national team) _____

Do they plan to raise additional funds for the host chapter Bike MS Ride?

No _____ Yes _____

