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__________