Registration
RONA MS Bike Tour - Mountain
September 12 & 13, 2009

Note: Minimum of $275 in paid pledges must be turned in before the tour.

Please print

Name_____ _____
last first

Address_____

City_____ Prov._____ Postal Code_____

Phone (h)_____ (w)_____

Company/Employer _____

E-mail_____

☐ I give the MS Society of Canada permission to contact me by e-mail.

Age 10-17 ___ 18-24 ___ 25-34 ____ 35-44 ___ 45-54 ___ 55-64___ 65 +___

Male___ Female___

Registration Fee *non-refundable, non-transferable*

____ $55 – Registration Fee for Own Arrangements

Method of Payment

Cash ___ Credit Card ___ Money Order/Cheque ___ *Payable to: MS Mountain Bike Tour*

Credit Card #_____ Expiry Date_____

Name of Cardholder _____
please print

Signature of Cardholder_____

Additional Information

Please send me # _____brochures and #_____posters.
____ Send a press release for my corporate newsletter.
____ My company has a matching gift program.
____ Send information on TeamMS.

Register as an individual or part of a team.

All team members must fill out a registration form and raise minimum of $275. Minimum 4 team members. Team Deadline **August 28, 2008** (tour may fill up earlier).

Team Name _____

Captain _____

____ Corporate Team ____ Family/Friends Team

If Corporate Team, indicate company _____

Company Address_____ City_____

We will automatically send Captains a TeamMS package.

Bike Tour Release

In signing the release, I (we) acknowledge that I (we) understand the intent thereof, and I (we) hereby agree and absolve and hold harmless the Multiple Sclerosis Society of Canada, corporate sponsors, cooperating organizations and any other parties connected with this event in any way, singly or collectively from and against any blame and liability for any injury misadventure, harm, loss, inconvenience or damage hereby suffered or sustained as a result of participation in the 2008 RONA MS Bike Tour - Mountain or any activities associated therewith, I (we) hereby consent to and permit emergency treatment in the event of injury or illness. I (we) also give full permission to use my name and/or photo in connection with this event.

___ I confirm the information I have provided is correct.

Cyclist Signature_____Date_____

Age Restrictions: cyclists must be at least 10 years old. Between ages 10 and 17, require guardian consent.

Guardian Signature:_____

The Multiple Sclerosis Society of Canada collects the personal information requested on this form to communicate about the MS Society and its fund raising activities. By completing this form, you consent to the collection, use and disclosure by the MS Society of your personal information in accordance with the MS Society privacy policy. If you have any questions about your personal information, please contact our privacy officer at 1-800-268-7582. A copy of our privacy policy may be obtained at any MS Society office or at www.mssociety.ca.

Note: Cyclists are responsible for their own medical information. If you have any serious allergies or health problems, please wear an I.D. bracelet with that information.

Please return completed registration forms to:

150-9405 50 Street
Edmonton, AB T6B 2T4
Fax: (780) 479-1001