



# BIKE MS TICKET TO RIDE REGISTRATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ T-Shirt Size \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_XXL

Name of Rider Who Recruited You: \_\_\_\_\_

### NATIONAL MS SOCIETY BIKE RIDE SITES: (Circle ride(s) you wish to register for)

2 Day - West Michigan, May 31 AND June 1

2 Day - Mid-Michigan, July 12 AND 13

1 Day - West Michigan, May 31<sup>st</sup> OR June 1

1 Day - Mid Michigan, July 13

1 Day - Mountain Bike, September 13<sup>th</sup>

### Team Information

Team Name: \_\_\_\_\_ DowTCC \_\_\_\_\_

Team Captain: \_\_\_\_\_ Ed Rightor \_\_\_\_\_

Team Code: \_\_\_\_\_ none \_\_\_\_\_

Team Type: \_\_\_XX\_Friends/Family \_\_\_Corporate \_\_\_Club/Organization \_\_\_School \_\_\_Place of Worship

WAIVER: I hereby waive all claims against the National Multiple Sclerosis Society, sponsors, municipalities or any personnel for any injury I may suffer in this event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's signature if under 18 years old: \_\_\_\_\_ Date: \_\_\_\_\_