

Stanley Ingham Multiple Sclerosis Swim-a-thon
 Saturday, April 6 2024 – from 10 a.m. to 2 p.m.
 at the **National Sports Centre Aquatics Facility**

Name: _____

Number of Laps Completed: _____

Dear Potential Sponsor,

I am participating in the **Stanley Ingham Multiple Sclerosis Swim-a-thon**. All proceeds will help raise funds to sustain the Multiple Sclerosis Society of Bermuda, and to assist funding for Bermuda-based MS sufferers with medical needs. You can sponsor me for an amount per lap and/or you can name a maximum amount that you are willing to contribute. After the swim-a-thon, I will return to tell you how many laps I swam and collect your contribution. Make checks payable to the **Multiple Sclerosis Society of Bermuda**.

I plan to swim at least _____ laps at the **Stanley Ingham Multiple Sclerosis Swim-a-thon**.

Thank you!

| | Name of Sponsor | Pledge per Lap (Example: \$1.00) | Maximum Pledge | Amount Collected from Sponsor | Contact In/formation |
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Participants:

Please bring this form to the National Aquatics Centre on swim-a-thon day, **Saturday, April 6, 2024**.



Registered Bermuda Charity #336
 P.O. Box HM 1426, Hamilton HM FX
 Phone:(441) 293-0772 info@mssociety.bm

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at the **National Sports Centre Aquatics Facility**

Our goal is to help raise funds to sustain the Society, and to assist funding for Bermuda-based MS sufferers with medical needs. We have added this swim-a-thon as a fixture on our annual calendar of events. Please note that the more contributions you raise, the more successful we will be at achieving our goal to educate, assist and support those in the MS community. Thank you very much for your participation!

Ellen Jane Hollis
Multiple Sclerosis Society of Bermuda

All participants must sign the following waiver:

I hereby acknowledge that I am fully aware of the nature and purpose of the activities surrounding the MS Swim-a-thon event, including the rules regarding the use of the facility (Aquatics Facility). I voluntarily accept any risks involved and will not hold the Multiple Sclerosis Society of Bermuda, nor the National Sport Centre Aquatics Facility, liable for any accident or injury that may occur to me during this event.

If under the age of 18 – please note that all youth athletes should have adult permission to participate and a countersignature.

Adult participant's name: _____

Signed: _____

Date: _____

Youth participant's name: _____

Signed: _____

Date: _____

Participant

Signed: _____

Date: _____

Parent/Guardian

