

Multiple Sclerosis Society of Bermuda Walk/Run for MS

Saturday, April 6 2024 – from 10 a.m. to 2 p.m.

at the **North Field, National Stadium**

Name: _____

Number of Laps Completed: _____

Dear Potential Sponsor,

I am participating in the **Multiple Sclerosis Society of Bermuda's Walk/Run for MS** at the North Field (National Stadium). All proceeds will help raise funds to sustain the Society, 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 Walk/Run, I will return to tell you how many laps I swam and collect your contribution. Make checks payable to **Multiple Sclerosis Society of Bermuda**.

I plan to walk/walk/ride at least _____ laps for **Multiple Sclerosis Society of Bermuda**.

Thank you!

	Name of Sponsor	Pledge per Lap (Example: \$1.00)	Maximum Pledge	Amount Collected from Sponsor	Contact Information
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Participants:

Please bring this form to the North Field, National Stadium on MS Walk/Run day, **Saturday, April 6, 2024**.



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

Multiple Sclerosis Society of Bermuda Walk/Run for MS

Saturday, April 6 2024 – from 10 a.m. to 2 p.m.

at the **North Field, National Stadium**

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 the **Walk/Run for MS** event to 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 Walk/Run/Ride event, including the rules regarding the use of the facility (North Field, National Stadium). I voluntarily accept any risks involved and will not hold the Multiple Sclerosis Society of Bermuda, nor the National Stadium, 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: _____

Youth participant

Signed: _____

Date: _____

Parent/Guardian



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