



National  
Multiple Sclerosis  
Society

# *Rider Packet Acknowledgment Form*

**PLEASE** complete the form. **PRINT** clearly. **ONLY** one Rider Packet per form.

RIDER'S Name: \_\_\_\_\_

RIDER'S Team Name: \_\_\_\_\_

RIDER'S Date of Birth: \_\_\_\_\_  
month      day      year

RIDER'S E-Mail: \_\_\_\_\_

Name of Person Picking-Up Rider Packet, *if different than above*: \_\_\_\_\_

**OFFICE USE ONLY**

BP MS 150

Bike MS: Sam's Club

Bike MS: Valero

Other: \_\_\_\_\_

Convio ID: \_\_\_\_\_ Rider #: \_\_\_\_\_