Volunteer Registration Form
Saturday, September 29th and Sunday, September 30th, 2012

Please email, fax or mail completed form to:
Email: joy.mcmanus@nmss.org
Fax: (215) 271-6122
Mail: Joy McManus
National MS Society, Greater Delaware Valley Chapter
30 South 17th Street, Suite 800
Philadelphia, PA 19103
Questions: (215)271-1500 x24124

GENERAL INFORMATION

Date of application _____/_____/______ Specify Group Affiliation (if applicable) LASALLIAN DAY OF SERVICE
First Name_______________________ Last Name ____________________________ M.I. ___________
Street Address __________________________________________ Address Line 2/Apt # _________________
City __________________________ State _________ Zip Code _________________
Date of Birth _____/_____/______ E-mail ________________________________ Gender □ Female □ Male
Telephone Number: Home (______) - _______ - _________ T-shirt size (circle one): S  M  L  XL  XXL  XXXL

VOLUNTEER ASSIGNMENT Please select your volunteer assignment preference

Rest Stop:
_____ Atlantic Christian School, Egg Harbor Township, NJ (Saturday 10AM to 5PM)

Finish Line:
_____ Ocean City, NJ (Saturday, 8AM to 5PM)

Thank You for Your Support! Volunteers make what we do possible!