



## APPLICATION

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ (CHECK ONE)

WHEN DIAGNOSED WITH MS? \_\_\_\_\_ TYPE OF MS \_\_\_\_\_

PHYSICAL LIMITATIONS and SYMPTOMS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MS FITNESS CHALLENGE EVENT CITY ENTERING \_\_\_\_\_

MS FITNESS CHALLENGE ENTERING (CHECK ONE ONLY)

TRANSFORMATION \_\_\_\_\_ INSPIRATION \_\_\_\_\_

ADDITIONAL INFO YOU WOULD LIKE TO PROVIDE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**An additional Waiver form must be downloaded from website , signed and faxed to (310) 359-0259 or signed, scanned and emailed to [david@bishoplyons.com](mailto:david@bishoplyons.com) following Application.**

**\*\*A registration number will not be given or assigned until your waiver is received.**

{FOR MSFC OFFICE USE ONLY: REGISTRATION # \_\_\_\_\_ }