



# Registration Form

## 2009-2010 MS Read-A-Thon

November to April

School Board Name \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Name of School Principal \_\_\_\_\_

Contact Name for MS Read-A-Thon \_\_\_\_\_

Contact's Position \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

School Principal's Signature\*\* \_\_\_\_\_

Contact's Signature \_\_\_\_\_

\*\* I agree to participate in the MS Read-A-Thon during the 2009-2010 school year.

Elementary School  High School

Level	Number of classes	Number of students

Would you like additional brochures? \_\_\_\_\_

If yes, how many? \_\_\_\_\_

TOTAL number of students registered: \_\_\_\_\_

Please select the **two consecutive weeks** during which you would like to participate in the MS Read-A-Thon:

Fall Session	Winter Session	
<input type="checkbox"/> November 2 to 6	<input type="checkbox"/> January 4 to 8	<input type="checkbox"/> February 22 to 26
<input type="checkbox"/> November 9 to 13	<input type="checkbox"/> January 11 to 15	<input type="checkbox"/> March 1 to 5
<input type="checkbox"/> November 16 to 20	<input type="checkbox"/> January 18 to 22	<input type="checkbox"/> March 8 to 12
<input type="checkbox"/> November 23 to 27	<input type="checkbox"/> January 25 to 29	<input type="checkbox"/> March 15 to 19
<input type="checkbox"/> November 30 to Dec. 4	<input type="checkbox"/> February 1 to 5	<input type="checkbox"/> March 22 to 26
<input type="checkbox"/> December 7 to 11	<input type="checkbox"/> February 8 to 12	<input type="checkbox"/> March 29 to April 2
<input type="checkbox"/> December 14 to 18	<input type="checkbox"/> February 15 to 19	<input type="checkbox"/> April 5 to 9

### Participation Prizes

#### Two options, one choice!

Our school would like to **donate 100%** of the amount raised and students who raised more than \$20 will receive a participation prize based on their donation amount.

**OR**

Our school would like to **receive a cheque for 10% of the total amount** raised and a small thank-you gift for each student.

Please send this form, **at least one month before you hold your MS Read-A-Thon**, by fax at 514-849-8914 or to the following address:

**Multiple Sclerosis Society of Canada**  
 550 Sherbrooke Street West  
 East Tower, Suite 1010  
 Montreal, Quebec H3A 1B9

**For information:**  
 Telephone: 514-849-7591  
 or 1-800-268-7582 ext. 226  
[karine.dacosta@mssociety.ca](mailto:karine.dacosta@mssociety.ca)

**DRAW**

#### Register your school now!

Register **before November 20, 2009**, to take advantage of our early bird registration promotion and have a chance to win one of three **\$200 Scholastic Canada Vouchers**.