

Saturday, March 7 2020 – from 10 a.m. to 2 p.m.
at the **National Sports Centre Aquatics Facility**

Name: _____ Number of Laps Completed: _____

Dear Potential Sponsor,

I am participating in the **Multiple Sclerosis Society of Bermuda** Swim-A-Thon. 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 swim-a-thon, 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 swim 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 National Aquatics Centre on swim-a-thon day, **Saturday, March 7, 2020**.



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

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at the **National Sports Centre Aquatics Facility**

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 this swim-a-thon as a fixture on 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
President, 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 Awareness Week 2020 Swim-a-thon, including the rules regarding the use of the facility (Bermuda Aquatics Centre). I voluntarily accept any risks involved and will not hold the Multiple Sclerosis Society of Bermuda, nor the Bermuda Aquatics Centre, liable for any accident or injury that may occur to me during this event.

Youth Swimmer's Name: _____
(If under the age of 18 – please note that all youth swimmers should have adult permission to participate)

Name: : _____

Signed: _____

Date: _____



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