



DATE:

May 1, 2021

Please return this form to employeeewellness@harrishealth.org no later than April 26th, 2021.

DEMOGRAPHIC INFORMATION:

First Name: _____ Last Name: _____ M.I. _____

Gender:

☐ Male

☐ Female

Date of Birth: ____/____/____

Home Phone: _____ Cell Phone: _____

Are you a Harris Health employee: Yes No If yes, employee ID Number: _____

If you are not an employee, please check the appropriate designation below and complete your correct ID information:

☐ Spouse Please indicate the Employee you are related to: _____

Please enter their Employee ID: _____

☐ Dependent Please indicate the Employee you are related to: _____

Please enter their Employee ID: _____

Ride Information:

Where will you begin the Bike MS 150 ride? (Check One of the below starting locations)

☐ **Katy Start – Century Route** Start location – Rhodes Stadium 102 miles

☐ **Waller Start** Start location – Waller ISD Stadium 77 miles

☐ **Todd Mission Start** Start location – Ren Fest location 68 miles

☐ **La Grange Start** Start location – Fayette County Fairgrounds 80 miles

Jersey: Jersey's will be dispersed on a first come, first serve basis. Jerseys are from previous MS150's

What is your jersey size (Please circle both gender and size)? Women's Men's

Note: Jersey sizes run small X-Small Small Medium Large X-Large
2X-Large 3X-Large Other: _____