



KNOW BEFORE YOU GO GUIDE

WALK MS: WINDSOR

Hello,

Thank you so much for your support this weekend.

Please review your volunteer role description in the [volunteer portal](#).

Your Volunteer Shift Time: See your individual email

Your Volunteer Role: See your individual email

Please come directly to the Volunteer Check-in tent when you arrive to receive your T-shirt and directions for your assignment.

Location: Boardwalk Park, 100 N 5th St, Windsor, CO 80550

Parking: See map below.

Attire: Wear weather appropriate clothing and closed-toed shoes are required.

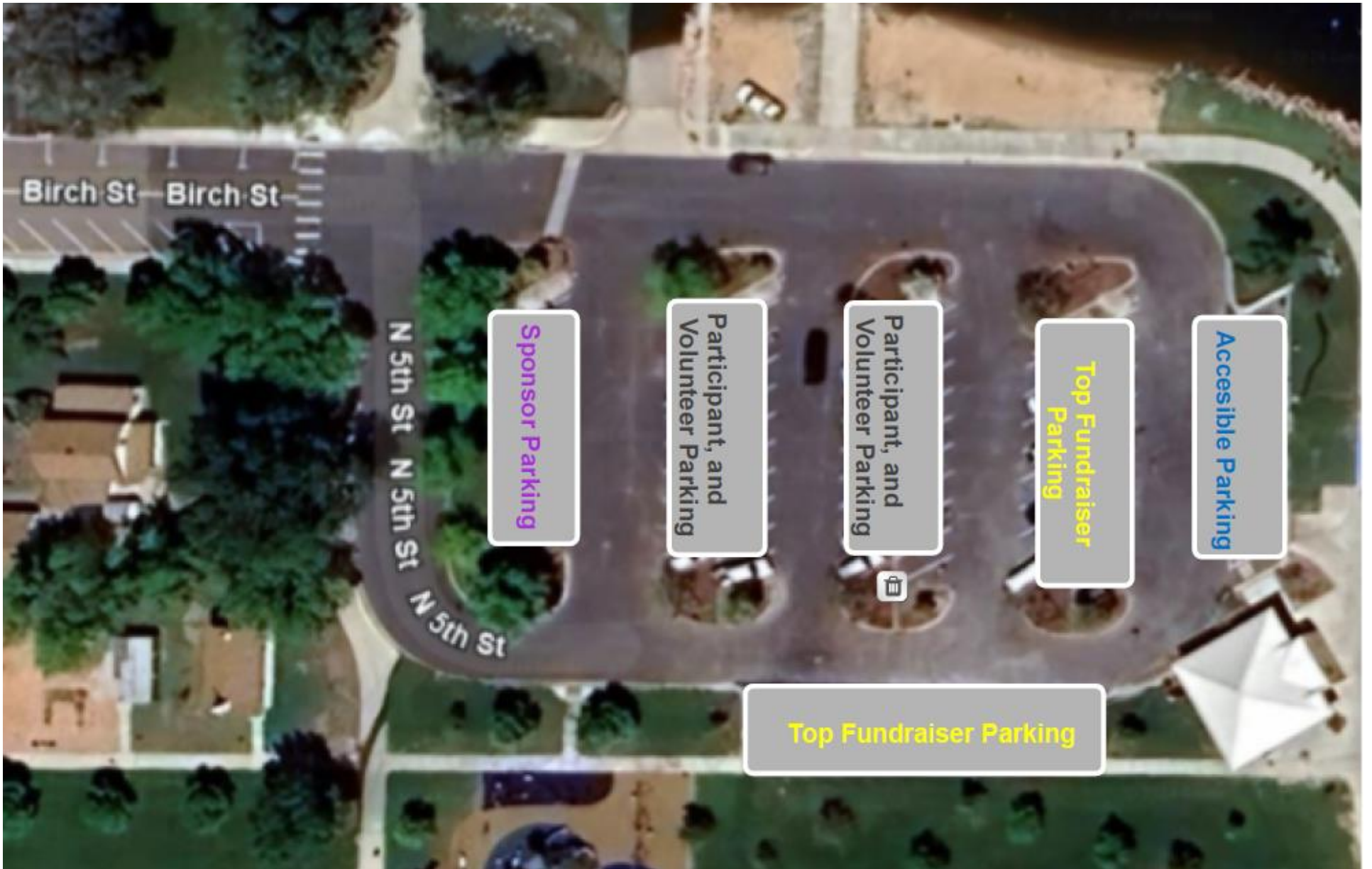
What to bring: Any items to keep you comfortable throughout your shift(s) are encouraged. *Please leave valuables at home.* We do not have an area to store your belongings.

If you have any questions or are no longer available, please let me know ASAP so we can plan accordingly.

EVENT DAY CONTACT: Brittany McGarry, 502-259-8515 **Only contact on Saturday between 6am-3pm*

WE WILL UPDATE ALL VOLUNTEERS AND PARTICIPANTS IN CASE OF SEVERE WEATHER

Volunteers please park here then head to the volunteer check in (map on next page)





	Event Tents	Tent style	Tables	Chairs
1	Registration and Information	Rental	2	4
2	First Aid	N/A	1	2
3	Top Fundraiser Area	Rental	8/8	45
4	Volunteer Check In	Rental	2	2
5	Circles of Support	Stylized	2	2
5	Complete The circle	Stylized	2	4
6	The Center	Stylised	2	4
7	Food and Beverage	N/A	4	N/A
8	Why I walk	Rental	2	2
9	Team Photo area	Stylized stall	N/A	N/A
10	Stage			

	Sponsor Tents	Table	Chairs
A	Genentech	1	2
B	ECI Construction	1	2
C	UC Health	1	2
D	Greeley Stampede	1	2
E	TG Therapeutics	1	2
F	EMD Serono	1	2
G	Novartis	1	2
H	Advanced Nuerology of Colorado	1	2
I			

walk MS.
 2024 Walk MS Windsor
 Saturday May 11, 2024
 Boardwalk Park, Windsor
 100 N 5th St.
 Windsor, CO 80550





VOLUNTEER ACKNOWLEDGMENT AND RELEASE

Full Name:		Date:
Address:		Apt:
City/State:		Zip:
E-mail Address:		Date of Birth:
Phone Number: Daytime		Evening
Are you volunteering as part of a group? Yes No		Group Name:
Please advise of any medical/allergy information (required):		
Emergency Contact Name:		Emergency Contact Phone:
Emergency Contact Relationship:	Emergency Contact Address:	

Agreement to Terms

I understand and agree to participate in a National MS Society event(s)/program(s) as a volunteer and have read and understand my responsibilities. I understand failing to follow the requirements outlined in this Acknowledgment may result in my immediate removal from a Society event and/or prohibition from participating in future Society events.

I acknowledge and represent that I have carefully read and understand all terms of this Acknowledgment.

Signature _____ Parent _____
(Signature of guardian for volunteers under the age of 18)