



January Jam 2008: *the MS Plunge for Parcels*

Purpose: To promote fitness through swimming while raising funds for Muscular Sclerosis (MS) education, screening, prevention and support programs at St. Vincent's Medical Center and St. Vincent's Health Services affiliates.

Age Groups: Ages 19-79+ in five-year increments and ages 12-18 in two-year increments. Participants' age group will be determined by age on January 31, 2008.

Awards: Age group winners (male and female) and top sponsorship fundraisers will receive a 2008 January Jam long-sleeved t-shirt.

Recording Distance: Beginning January 1, 2008, record on the form below the number of yards completed each day, being as accurate as possible. *To convert meters to yards, add 10% to meter distance to obtain yard total [3000m + 300 (10%) = 3300 yd].*

Monthly Totals: At month's end, add daily yardage totals to obtain monthly total.

Entrance Fee: \$25 (100% tax deductible), all fees payable to **St. Vincent's Medical Center Foundation**.

Entry Deadline: Completed Entries must be RECEIVED by February 15, 2008.

To enter, send form below and fees to:

January Jam
 c/o Elizabeth Fry
 St. Vincent's Medical Center Foundation
 2800 Main Street
 Bridgeport, CT 06606
 Phone: (203) 259-3021; E-mail: efry@aol.com

Sponsorship: 100% of all collected entrance and sponsorship fees will benefit the **Dave Parcels MS Fund**, which supports needy patients and families with expenses not covered by insurance as they undergo treatment for MS. Participants are encouraged to seek sponsorship for underserved patients and families. Please remember our friends whom we have lost to MS and those currently battling it.

Note: Use caution when attempting to improve fitness level. Yardage increases should be gradually accomplished over an extended period of time.

January Jam for MS '08

NAME: _____ **AGE** (as of 1/31/08): _____ **M/F** **T-shirt:** S M L XL

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

E-MAIL: _____ **PHONE:** _____ **SWIM GROUP:** _____

(If possible, weekly results will distributed by E-mail)

Tue	1-Jan	Tue	8-Jan	Tue	15-Jan	Tue	22-Jan	Tue	29-Jan		
Wed	2-Jan	Wed	9-Jan	Wed	16-Jan	Wed	23-Jan	Wed	30-Jan		
Thurs	3-Jan	Thurs	10-Jan	Thurs	17-Jan	Thurs	24-Jan	Thurs	31-Jan		
Fri	4-Jan	Fri	11-Jan	Fri	18-Jan	Fri	25-Jan	Week	#5		
Sat	5-Jan	Sat	12-Jan	Sat	19-Jan	Sat	26-Jan				
Sun	6-Jan	Sun	13-Jan	Sun	20-Jan	Sun	27-Jan				
Mon	7-Jan	Mon	14-Jan	Mon	21-Jan	Mon	28-Jan				
Week	#1	Week	#2	Week	#3	Week	#4	Month Total			

TOTAL MONTHLY YARDS: _____

TOTAL MONTHLY MILES _____
(Monthly yardage divided by 1760)

Signature: _____ **Date:** _____ **Total funds:** _____

I attest that the above results are accurate and true.

Parent Signature (if under 18 years old): _____

I would like to swim for a MS patient and/or family. **Name:** _____