



5K Run/Walk
UW-Fox Valley • Menasha, WI
Saturday, November 15, 2014

Complete this form and fax or mail with your credit card information or enclose check(s) payable to:

Arthritis Foundation Upper Midwest Region
Fox Cities Donation Processing Center
 1876 Minnehaha Ave W, St. Paul, MN 55104
 Phone: (920) 330-0592 • (800) 333-1380 • Fax: (920) 330-0596
 arthritis.org/JingleBellRun

Registration Fees
Adult Registration: \$30
Youth 12 & under: \$20
 \$5 increase will apply after Nov. 14

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Male Female Date of Birth: ____/____/____

E-mail _____

Shirt Size: Youth S (6-8) Youth M (10-12) S M L XL XXL

Please check one: 5K Run 5K Walk

I Will Participate: Individually With a Team

Team name _____

Team captain's name _____

My company has a matching gifts program

Company Name: _____

I have arthritis. Type: _____

Registration Fee(s): \$ _____

Additional Donation Amount: \$ _____

Total Amount: \$ _____

Payment Type: Cash Check MC Visa Amex Discover

Acct. #: _____

Exp. Date: _____

Signature: _____

How did you hear about this event? _____

RELEASE OF CLAIMS: I hereby signify that I understand that the Arthritis Foundation, Upper Midwest Region, the Jingle Bell Run/Walk' sponsors, the area where I or my child run or walks , and all other organizations and persons connected with this event are not to be held responsible for any injuries which I or my child may suffer while taking part in this event or as a result thereof. In this connection, I hereby waive any claim for damages to my person, child or property. I further state that my child or I are in proper physical condition to participate in this event. I grant permission for the organizer to use any photograph or any other record of this event for any legitimate purpose.

Participants Signature (if under 18, guardian signature) _____

OFFICE USE ONLY 2026409500 Race #