



JINGLE BELL WALK IN THE WATER!

Registration Form

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Sex (circle): Male Female Age: _____

Shirt Size (circle): S M L XL XXL

Amount Enclosed: _____ (\$20 registration fee)

Registration fee includes commemorative t-shirt, "Beat the Cold" goodie bag. Raise additional funds for your local Arthritis Foundation and qualify for additional great prizes!!

If you have any questions about this event, please contact your site coordinator or the Arthritis Foundation at 215-574-3060, ext. 112 or via email at dmstephens@arthritis.org.

I hereby signify that I understand that the Arthritis Foundation, Eastern Pennsylvania Chapter, the area where I, or my child, walk 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.

Participant Signature: _____ Date: _____

Proceeds benefit the Arthritis Foundation and help bring programs and services to those affected by arthritis in your community.