

# Register Today!

## Appleton Jingle Bell Run/Walk for Arthritis

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

**Arthritis Foundation, Wisconsin Chapter  
Northeast District Office**

2920 S Webster Ave, Suite A • Green Bay, WI 54301-1500

Phone: 920.330.0592 • Fax: 920.330.0596

E-mail: [lilbert@arthritis.org](mailto:lilbert@arthritis.org) • Website: [www.arthritis.org/chapters/wisconsin](http://www.arthritis.org/chapters/wisconsin)

**Run/Walk Registration Fees:**

**\$20 per individual**

**\$22 per team member (a team is a minimum of 10 people)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail \_\_\_\_\_

Shirt Size:  Youth S  Youth M  S  M  L  XL  XXL

Please check one: 5K Run  Fun Walk

I will participate:  Individually  With a Team (minimum of 10 people)

Team Name \_\_\_\_\_

\*Team captains must send all team registration forms, payments and team rosters together by Monday, Oct. 19, 2009.

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

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

How did you hear about this event? \_\_\_\_\_

RELEASE OF CLAIMS: I hereby signify that I understand that the Arthritis Foundation, Wisconsin Chapter, the Jingle Bell Run/Walk® sponsors, the area where I or my child runs 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.

Participant's signature (if under 18, guardian signature) \_\_\_\_\_

OFFICE USE ONLY

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