Madison

Presented By: Goldstein, Petrowski & Associates

5K/10K Chip Timed Run 5K Walk
Vilas Park Shelter ◆ Madison
Saturday, December 12, 2009

Raise Pledges Win Prizes

ALL participants who raise $10 or more will receive a coupon for FREE Pizza Hut Pizza Rolls!

Raise…	Receive…
$25	Insulated Lunch Bag
$50	Plush Tortoise Toy
$100	Jingle Bell Run embroidered fleece hat
$150	Jingle Bell Run embroidered fleece hat & scarf
$300	Jingle Bell Run embroidered travel blanket
$500+	$50 gift card and Jingle Bell Run embroidered travel blanket

To be eligible for prizes, please bring your pledges and sponsor pledge form to the event. Your entry fee does not count toward your pledge total. Prizes are turned in at or before the event. Prizes are not cumulative! The Arthritis Foundation reserves the right to substitute prizes of equal or greater value.

Pledge Form

Raise pledges online when you register at:
www.jbrmadison.kintera.org

Want to double your donation to the Arthritis Foundation? Ask about your company's matching gift program.

Participant's Name _____

My Pledge Goal $_____

Sponsor's Name	Pledge Per K or Donation	Total
	Total Pledges Collected	
	Employer's Matching Gift	
	Total Amount Raised	

Need more room for pledges? Additional photocopies of this pledge form are welcomed!

Registration Form - Madison

Complete this form and fax or mail with your credit card information or enclose check(s) payable to the Arthritis Foundation:
Arthritis Foundation, Southwestern District ◆ 802 W. Broadway Ste. 206 ◆ Madison, WI 53713-1866 ◆ Phone: (608) 221-9800 ◆ Fax: (608) 221-9696

Run/Walk Registration Fees: Includes Long Sleeved t-shirt, bells, and goody bag

$35 per person through Friday, December 4 ◆ $40 per person after Friday, December 4 ◆ ChronoTrack™ chip timing: add $5 to registration fee

First Name _____ MI _____ Last Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Birth Date ___/___/___ ❑ Male ❑ Female E-mail _____

❑ I have arthritis. Type: _____ ❑ My company has a matching gifts program

Shirt Size*: ❑ S ❑ M ❑ L ❑ XL ❑ XXL Company Name: _____

Please check one: ❑ 5K Run ❑ 10K Run ❑ 5K Walk ❑ Sleep In Registration Fee(s): $ _____ Chip Timing Fee: $ _____

I Will Participate: ❑ Individually ❑ With a Team** (Minimum of 5 people) Additional Donation Amount: $ _____ Total Amount: $ _____

Team name _____ Payment Type: ❑ Cash ❑ Check ❑ MC ❑ Visa ❑ Amex ❑ Discover

Team captain's name _____ Acct. #: _____

How did you hear about this event? _____ Exp. Date: ___/___ Signature: _____

Participants Signature (if under 18, guardian signature) _____ Office Use Only: ❑ 32410 64092000 1 9000 ❑ 32480 64092000 1 9000 Race # _____

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 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. *$25 minimum donation to receive a t-shirt **Team Captains must send all team registration forms, payments & team rosters together.