

Register Today!

Registration Form - Milwaukee

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

Arthritis Foundation, Wisconsin Chapter

1650 S. 108th St. ♦ West Allis, WI 53214-4021

Phone: (414) 321.3933 ♦ (800) 242.9945 ♦ Fax: (414) 321.0365

E-mail: info.wi@arthritis.org ♦ Website: www.arthritis.org

Run/Walk Registration Fees

Early Registration Deadline – Monday, October 26th:

Chip Timed Run/Walk: \$28 for adults & \$18 for 12 and under

Fun Run/Walk: \$25 for adults & \$15 for 12 and under

Registration After Monday, October 26th:

Chip Timed Run/Walk: \$33 for adults & \$23 for 12 and under

Fun Run/Walk: \$30 for adults & \$20 for 12 and under

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 Fun Walk

I Will Participate: Individually With a Team (Minimum of 10 people)

Team name _____

*Team Captains must send all team registration forms, payments & team rosters together by Oct. 20.

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, 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.

Participants Signature (if under 18, guardian signature)

OFFICE USE ONLY

Race #

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