

JINGLE BELL RUN- GREEN BAY

December 3, 2016

Kress Events Center
2358 Leon Bond Drive
Green Bay, WI



PRESENTED BY



Only 5K Runners will be chip timed

For more information visit www.jbr.org/greenbay

REGISTRATION FORM

Check(s) payable to:
Arthritis Foundation

916 Willard Drive, Suite 205, Green Bay, WI 54304

Name _____

Address _____

City _____ **State** _____ **Zip** _____ **Date of Birth:** ____ / ____ / ____ **Age:** _____

Phone _____

E-mail _____

Shirt Size: Youth S (6-8) Youth M (10-12) Youth L (12-14) S M L XL XXL

Select one: Male Female

Select one: 5K Run 5K Walk

Select one: Individual Participant Joining/Starting a Team

Team name: _____ Team Captain's name: _____

My company has a matching gifts program. Company Name: _____

I have arthritis. If yes, what type: _____ My arthritis is doctor diagnosed

Emergency Contact Name / Relationship: _____

Phone: _____ E-mail: _____

ADULT: \$30 until 11/21... \$35 until 11/28... \$40 Day of Registration

YOUTH (12 & Under): \$15 until 11/28... \$20 Day of Registration

Registration: \$ _____

Donation: \$ _____

Total Payment: \$ _____

Payment Type: Cash Check MasterCard Visa AmEx Discover

Check #: _____ Credit Card #, Exp, CVV: _____

RELEASE OF CLAIMS: I hereby signify that I understand that the Arthritis Foundation, Upper Midwest Region, the ARTHRITIS FOUNDATION'S JINGLE BELL RUN® 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.

Participant Signature (if under 18, guardian signature)