



# Come Jingle With US!

Jingle Bell Run – Racine  
December 3, 2016  
Memorial Hall  
72 7<sup>th</sup> Street

8:00am Registration & Check-In  
9:30am Race Begins  
www.JBR.org/Racine

## REGISTRATION FORM

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

Arthritis Foundation 1876 Minnehaha Avenue West, Saint Paul, MN 55104  
Office: 414.239.6162 • Fax: 651.644.4219 • www.arthritis.org

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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:    Run                          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: \_\_\_\_\_

### 20th Anniversary Pricing: \$20

Registration: \$ \_\_\_\_\_

Donation: \$ \_\_\_\_\_

Total Payment: \$ \_\_\_\_\_

Payment Type:     Cash     Check     MasterCard     Visa     AmEx     Discover

Acct. #: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_

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

Participant Signature (if under 18, guardian signature)