



# 2012 Jingle Bell Run TEAM ENTRY FORM

**Sunday, November 11, 2012**

**Heartland Community College- Fitness and Rec Center**  
**Donation Drop off opens at 10 am**  
**Kid's Fun Run 12:15 pm**  
**Costume Contest 12:30 pm**  
**Competitive 5K 1:00 pm**  
**Non-competitive 5K and one mile walk 1:10 pm**

**Each Team Member:** for their \$30 registration/entry fee every Team Member will receive a **long sleeved 2012 Jingle Bell Run t-shirt and jingle bell necklace.**

**FUNDRAISING IS REWARDING!**

Raise \$10 over your registration fee and receive a 6 pack insulated cooler!



**NEW THIS YEAR:** For teams of 20 or more members or teams that fundraise \$2,000 or more- we will drop off all of your team shirts, totes and race materials either Thursday or Friday before the race!!!

**TEAM PACKET PICK UP AND DONATION DROP OFF:**

**Saturday, November 12**

**10 am to 2 pm Heartland Community College** (inside the Fitness and Recreation Center)

**\*\*Captains please designate one team member to pick up entire team's packets\*\***

Team Name: \_\_\_\_\_  
Please Print

Team Captain: \_\_\_\_\_  
Please Print

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please include an e-mail you check regularly.  
Updates will be sent through e-mail

**Please: Complete ALL information – registration cannot be processed if any information is incomplete. If needed, print additional registration sheets for larger teams. Remember!! - All team members must sign the Team Participant Waiver sheet.**

**Mail your registration and fees to:**

Arthritis Foundation- Bloomington, IL JBR  
 Greater IL Chapter  
 PO Box 790379  
 St. Louis, MO 63179-0379

Or go-green and register your additional team members **www.jinglebellbloomington.com**

(All team members will need to pay at the time of online registration)

Team Entry Fee: \$ \_\_\_\_\_

(Each team member x \$40= your total team entry fee)

Please make checks payable to **Arthritis Foundation**

**Runner Registration Sheet** (use a second sheet if needed)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Email** \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Event:

- 5K Competitive Participant (your finishing time **is** recorded)
- 5K Non-competitive (your time is **not** tracked or recorded)
- Westminster Village 1 mile (your time is **not** tracked or recorded)

**T-SHIRT:** YS YM YL S M L XL XXL XXXL

Circle one

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Email** \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Event:

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**T-SHIRT:** YS YM YL S M L XL XXL XXXL

Circle one

# 2012 Jingle Bell Run Team Participant Waiver



**The Team Captain must have all team participant complete and sign this Waiver. It may be sent with the completed registration forms or it may be brought to the Team Packet Pick-up prior to the Race.**

## In consideration of participating in the 2012 Jingle Bell Run, I:

1. Acknowledge that by signing my signature, I am physically fit and have received medical clearance to participate in Jingle Bell Run.
2. Assume all the foregoing risks, and accept personal responsibility for the damages following such injury, permanent disability or death.
3. On behalf of myself, my heirs and assigns, and my estate, hereby waive and forever discharge the sponsors, organizers, affiliates, coaches, as well as their agents and employees from any and all claims that may accrue as the result of my participation.
4. Grant the Arthritis Foundation specific permission to reproduce, publish, circulate, copyright or otherwise use any and all photographs and / or videotape of me and / or my family, taken at the Jingle Bell Run, for use by the Arthritis Foundation.

Team Name: \_\_\_\_\_  
Please print

Team Captain: \_\_\_\_\_ If participating in the Run, the Captain should also sign in as a participant  
Please Print

1.	_____	_____	_____
	Participant Name - Please Print	Signature (Adult signature for participants under age 18)	Date
2.	_____	_____	_____
	Participant Name - Please Print	Signature (Adult signature for participants under age 18)	Date
3.	_____	_____	_____
	Participant Name - Please Print	Signature (Adult signature for participants under age 18)	Date
4.	_____	_____	_____
	Participant Name - Please Print	Signature (Adult signature for participants under age 18)	Date
5.	_____	_____	_____
	Participant Name - Please Print	Signature (Adult signature for participants under age 18)	Date
6.	_____	_____	_____
	Participant Name - Please Print	Signature (Adult signature for participants under age 18)	Date
7.	_____	_____	_____
	Participant Name - Please Print	Signature (Adult signature for participants under age 18)	Date
8.	_____	_____	_____
	Participant Name - Please Print	Signature (Adult signature for participants under age 18)	Date