

# Jingle Bell Jog

Join the fun by entering the 10K run, 5K run/walk, or 1 mile fun walk benefitting Children's Miracle Network. Events begin at 8 a.m., rain or shine. Registration fees are:

- \$20 prior to Nov. 26 ● \$25 - Nov. 27 - Dec. 4 ● \$30 on race day.

All participants receive a long-sleeved Jingle Bell Jog t-shirt.

Awards are presented to the top three male and female finishers in each of 15 age groups. The top male and female over 40 in the 5K and 10K will receive Masters Awards. There are also fantastic door prize opportunities for all race finishers.



Jingle Bell Jog is part of the 2009 Run and See Georgia Grand Prix Series.

## Saturday, December 5

Starting at Phoebe HealthWorks in Albany, Georgia

10K begins at 8 a.m.

5K begins at 9 a.m.

1 mile fun walk begins immediately following 5K

Register on line at

[www.jinglebelljog.org](http://www.jinglebelljog.org)

or call 229-312-2200

for more information.

# 2009

Benefitting



Children's Miracle Network®

at Phoebe Putney Memorial Hospital

## Jingle Bell Jog 2009 Registration Form

Register online at [www.jinglebelljog.org](http://www.jinglebelljog.org) or mail this form to: Phoebe HealthWorks, 311 Third Ave., Albany, Georgia 31701

Size availability determined on a first-come first-serve basis.

Please check preferred t-shirt size.

ENTRY FEES: \$20 adult or child \_\_\_\_\_ Late Registration Fee (after November 26): \$25 \_\_\_\_\_

Registration: 7 a.m. Race Day: \$30 \_\_\_\_\_ (includes \$5 penalty for race day packet pickup)

Adult t-shirt:  SM  MED  LG  XL  XXL

PLEASE CHECK AS APPLICABLE  T-shirt Only  1 mile walk  5K Run (3.1 miles)  5K walk  10K Run (6.2 miles)

Child t-shirt:  YOUTH SM

YOUTH MED

YOUTH LG

Please pay by Cash, Check, Amex, Discover, Visa, or Mastercard Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Day Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Age on race day \_\_\_\_\_ Sex \_\_\_\_\_ E-mail address \_\_\_\_\_

MAKE CHECKS PAYABLE TO : "PHOEBE FOUNDATION"

RELEASE BELOW MUST BE SIGNED

Release: In consideration of your acceptance of this entry, I, the undersigned, intending to be legally bound for myself, my heirs, executors, and administrators, do hereby waive and release all rights and claims for damages I may have against Phoebe Putney Memorial Hospital and the City of Albany, and any and all sponsors and officials of this race from any liability arising from illness, injuries, and damages I may suffer as a result of my participation in this event. I attest and verify that I am physically fit and have sufficiently trained for this event. I give my permission for the use of my picture and name in any media coverage in this event.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian signature required if under age 18

Race packets must be picked up at HealthWorks, 311 Third Ave., Dec. 3, 11 a.m. - 1 p.m. & 4 - 7 p.m. and Dec. 4, 8 a.m. - 7 p.m.