



Join the fun by entering the 10K run, 5K run/walk or the 1 mile fun walk in Albany's beautiful Rawson circle area. Events begin at 8 a.m., rain or shine.

Registration fees are:

- \$15 prior to Nov. 27,
- \$20 - Nov. 28 – Dec. 5
- \$25 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 2008 Run and See Georgia Grand Prix Series.

**Saturday,
December 6**
10K starts at 8 a.m.
5K starts at 9 a.m.
and fun walk immediately
following 5K

Starting at
**Tift
Park**
Albany, Georgia

Register
on line at
www.jinglebelljog.org
or call 229-312-2000
for more information.

benefitting **Children's Miracle Network**
at **Phoebe Putney Memorial Hospital**

Jingle Bell Jog 2008 Registration Form

Register online at www.jinglebelljog.org or mail this form to: Phoebe HealthWorks, 311 Third Ave., Albany, Georgia 31701

ENTRY FEES: \$15 adult or child _____ Late Registration Fee (after November 27): \$20 _____
Registration: 7 a.m. Race Day: \$25 _____ (includes \$5 penalty for race day packet pickup)

Size availability determined on a first-come first-serve basis.
Please check preferred t-shirt size.

Adult t-shirt: SM MED LG XL XXL

PLEASE CHECK AS APPLICABLE _____ T-shirt Only _____ 1 mile walk _____ 5K Run or walk (3.1 miles) _____ 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. 4, 11 a.m. - 1 p.m. & 4 - 7 p.m. and Dec. 5, 8 a.m. - 7 p.m.