

# 1<sup>st</sup> Annual Northwest Arkansas Jingle Bell Run



## 5K RUN & 1-MILE FUN WALK

*Come move your feet to the jingling beat!*

**Sunday, November 15, 2009 2:00p.m.**

*University of Arkansas Campus*

*Day of Registration : 1:00p.m.- 1:45p.m. at the Arkansas Student Union.  
Dress up! There will be prizes for the best holiday costumes!*

Your support funds arthritis research, support services, public education, advocacy and professional training. This year participants have the option to waive their long sleeve T-Shirt. Choose "DECLINE" and all the money will benefit the Arkansas Chapter of the Arthritis Foundation. **We encourage TEAM PARTICIPATION in this run.** Sign up as a team and run, fundraise and help the 46 million Americans living with Arthritis today.

*Want to be a Team Captain? Sign up today at [www.arkansasjinglebellrun.org](http://www.arkansasjinglebellrun.org)*

### REGISTRATION FORM

Complete Form and Mail Today or Register online at [www.jinglebellrunwa.kintera.org](http://www.jinglebellrunwa.kintera.org)  
REGISTRATION—\$25 Pre-Registration is \$20. Pre-Registration deadline is **November 8, 2009.**

Race No. \_\_\_\_\_ (For Office Use Only)

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

**Circle** Sex: Male Female Age on Event Day \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

I will take part in the: \_\_\_\_\_ 5K Run \_\_\_\_\_ 1-Mile Fun Walk

**Circle** T-Shirt Size: DECLINE Youth S Youth M Youth L Small Medium Large X-Large XX-Large

**E-mail Address:** \_\_\_\_\_

Team Name: \_\_\_\_\_  
(If participating in the Team Challenge)

I hereby certify the following: 1) I am physically fit and have received medical clearance to participate in the Jingle Bell Run for Arthritis, 2) In consideration for my application to participate in the Jingle Bell Run being accepted, I, on behalf of myself, my heirs and assigns, and my estate, hereby waive and forever discharge the sponsors, the Track Club, organizers, affiliates, as well as their agents and employees from any and all claims that may accrue as the result of my participation, 3) I grant full permission to sponsors, organizers, and affiliates of the Jingle Bell Run for Arthritis to use me for publicity purposes.

Signature \_\_\_\_\_

Parent's/ Guardian Signature if under 18 \_\_\_\_\_

Date \_\_\_\_\_

RACE HOTLINE: 800-482-8858

Make checks payable to: Arthritis Foundation  
6213 Father Tribou Street Suite 1 Little Rock, AR 72205