

2017 Jingle Bell Jog

FOR THE KIDS

Saturday, December 9

Starting at Tift Park | 1300 N. Monroe Street, Albany

10K begins at 8 a.m.

1 mile fun walk begins at 9 am.

5K begins at 9:30 am

Register online at jinglebelljog.org or call 312-4483 for more information.



Join the fun by entering the 10K run, 5K run/walk or the 1 mile fun walk.

Benefitting Children's Miracle Network, the event begins at 8 a.m., rain or shine.

Registration fees are:

\$25 prior to December 2

\$30 December 2 - 8

\$35 on race day

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

The race will be timed by Orion Racing of Atlanta, Georgia.

Awards are presented to the top three male and female finishers in each of 15 age groups. Prestigious Masters Awards and overall awards presented to top male and female finishers over 40 in 5K and 10K races. Jingle Bell Jog is part of the Run and See Georgia Grand Prix Series.

Age groups: 6 - 9 | 10 - 14 | 15 - 19 | 20 - 24 | 25 - 29
30 - 34 | 35 - 39 | 40 - 44 | 45 - 49 | 50 - 54 | 55 - 59
60 - 64 | 65 - 69 | 70 - 74 | 75 & up

Race packets must be picked up at Healthworks, 311 Third Avenue, December 7, 11 a.m. - 1 p.m. & 4 - 7 p.m. and December 8, 8 a.m. - 6 p.m.

USATF
Certified Course
10K: GA16047WC
5K: GA16046WC



Jingle Bell Jog 2017 Registration Form

Register online at www.jinglebelljog.org or mail this form to:
Children's Miracle Network, P.O. Box 3770, Albany, GA 31706

Size availability determined on a first-come first-served basis.
Please check preferred t-shirt size.
Adult: SM | MED | LG | XL | XXL | XXXL
Child: Youth SM | Youth MED
 Youth LG | 2T | 3T | 4T

ENTRY FEES: \$25 adult or child _____ | \$30 Late registration fee (after 12/1/17) _____ | \$35 Race Day registration _____ | \$20 T-shirt only _____

Please check one: _____ T-shirt only | _____ 1 mile walk | _____ 5K (3.1 miles) | _____ 10K (6.2 miles)

Please pay by Cash, Check, Amex, Discover, Visa or Mastercard # _____ Exp. Date _____ CSC _____

Last name _____ First _____ Day phone number _____

Mailing address _____ City _____ State _____ Zip _____

Birth date _____ Age on race day _____ Sex _____ Email 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 Health System 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 media coverage of this event.

Signature _____ Date _____

Guardian signature required if under age 18