



Proud Sponsor of the

SHELBY TOWNSHIP 3rd Annual Jingle Bell Run!

Sunday, December 16th, 2012 5k Run/Walk 9am



REGISTRATION/START/FINISH:
Community Center/Court House/Senior Center
51690 Van Dyke
9:00 AM Start: Run/Walk Registration @ 7:30 AM
Packet Pickup or Register on Saturday 11-5 @
Hanson's Running Shop - 8409 Hall Road, Utica MI 48317

5K Run / 5K Walk

Proceeds to Benefit: Macomb County Special Olympics
Penrickton Center • Cat Tail Acres • Shelby Township Lions • Shelby Twp. Veterans

PLEASE PRINT CLEARLY * USE SEPARATE FORM FOR EACH RUNNER
Race Contact Info: Michael Ward: michaelward@csttsbi.com or (586) 484-5523
Online registration @ active.com • www.jinglebell5krun.com

First Name _____ Last Name _____ Age on Race Day _____

Street _____ City _____ State _____ Zip _____

Email _____ Phone _____

Mail Completed Form and Payment to:
Jingle Bell Run, 56132 Parkview, Shelby Twp., MI 48316
Make Checks Payable To: JINGLE BELL RUN 2012

Select Race / Division

Entry Fee

Shirt Size

- 5K Run 5K Walk
- Female Male

Overall male, male master, female and female master receive will receive a trophy.

5K Run: \$20 Before 12/16/12
 \$25 Race Day

5K Walk: \$20 Before 12/16/12
 \$25 Race Day

Additional Donation: _____

- SMALL
 - MEDIUM
 - LARGE
 - X-LARGE
 - 2X-LARGE (add \$2.00)
- Shirts only guaranteed to registered racers before 12/16/12

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW BEFORE SUBMITTING ENTRY: I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in the event including, but not limited to: falls, contact with other participants, the effects of weather and temperature, traffic and the condition of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your acceptance of my entry, I, for myself and anyone entitled to act of my behalf, waive and release the Community Center/Senior Center/Court House, Macomb County Special Olympics, and all sponsors and volunteers from all claims and liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, for any legitimate purpose.

Participant's Signature _____ Date _____

Parents Signature (if participant is under 18 years) _____ Date _____