

2019 Jingle Bell Jog

FOR THE KIDS

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

Saturday, December 14

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

10K begins at 8 a.m.

1 mile fun walk begins at 9 a.m.

5K begins at 9:30 a.m.

Registration Fees	thru 12/6	12/7-12/13	Race Day
1-mile/5K	\$25	\$30	\$35
10K	\$30	\$35	\$40

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



Phoebe Foundation
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Morgan Stanley
THE SOUTHLAND GROUP
AT MORGAN STANLEY

ROBINS & MORTON

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 16 age groups. Prestigious Masters Awards and overall awards presented to top male and female finishers over 40 in 5K and 10K races.

Age groups: under 6 | 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

Jingle Bell Jog is part of the Run and See Georgia Grand Prix Series and the **first annual Good Life City Race Series!**

Visit goodlifecityraceseries.org for more information.

USATF
Certified Course
10K: GA16047WC
5K: GA16046WC



Pick up race packets at Phoebe Healthworks
311 Third Avenue in Albany, Georgia
December 12, 11 a.m. - 7 p.m.
and December 13, 8 a.m. - 6 p.m.

Jingle Bell Jog 2019 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 | 24m | 18m | 12m | 6m

Please check one: T-shirt only (\$20) | 1 mile walk | 5K (3.1 miles) | 10K (6.2 miles) Total Cost \$ _____

(see fee chart above)

Are you participating in the Good Life City Race Series? yes no

If Phoebe employee, list department: _____

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