Join the Jingle Bell Tradition



Benefiting the area's Marine Corps Toys for Tots

SATURDAY, NOVEMBER 19, 2016

Schedule of Events:

- 8:45 a.m. 1K Family Fun Run
- 9:00 a.m. 5K Run/Walk
- 10:00 a.m. Awards Ceremony
- Due to clinic hours, registration will run from 5:30-7:30 p.m. the night before, and resume at 7:30 a.m. on race day.

St. Cloud Orthopedics

1901 Connecticut Ave South Sartell, MN 56377 StCloudOrthopedics.com

Registration Fees & Dates:

Includes Jingle Bells for shoes and T-shirt!

Now through November 6th

*With Toy Donation: \$22 Without Toy Donation: \$32

After November 6th or on Race Day:

*With Toy Donation: \$32 Without Toy Donation: \$42

1K Family Fun Run

*Ages 11 and under with Toy

Donation: \$15

Ages 12 and over with Toy

Donation: \$22

T-shirt Information:

- Long-sleeved dri-fit T-shirts
- To ensure receiving a tee, be sure to register early, and complete your form by November 6th, 2016

QUESTIONS?

Contact Shelley Gerads at St. Cloud Orthopedics, 320-202-5525 or sgerads@stcloudorthopedics.com

*Toys and gift donations must be new and unwrapped for kids ages 0-18.

REGISTER ONLINE TODAY!

Visit http://jinglebellrun.itsyourrace.com

Or, complete the form provided on the back of this flyer and drop off at St. Cloud Orthopedics.

REMEMBER: Take advantage of early registration through **NOVEMBER 6**TH!

REGISTRATION FORM:

Please fill out completely, and return to St. Cloud Orthopedics.

*T-shirt availability can not be ensured for registration after November 6th.

By November 6, 2016: \$22 with toy donation; \$32 without toy donation After November 6, 2016: \$32 with toy donation; \$42 without toy donation

1K Family Fun Run: Ages 11 and under with toy donation \$15; Ages 12 and over with toy donation \$22

Or, complete the online registration form at http://jinglebellrun.itsyourrace.com

Questions? Contact Shelley at St. Cloud Orthopedics, 320-202-5525 or sgerads@stcloudorthopedics.com. *Please make checks payable to Jingle Bell 5K*

Name:	Email:		_
Full Address:			_
Phone Number:	D.O.B:	Age:	
Waiver : In consideration of the acceptance of my entry, I, the release any and all sponsors of this walk or run, and their repressas a result of my participation in this walk or run. I attest and veragreement by signature following. All participants must sign or the content of the conte	sentatives, successors and assign from any a erify that I am physically fit for the completi	nd all liability arising from illness and/o on of this walk or run. I have read the f	or injuries I may suffer oregoing and certify my
Signature:		Date:	
	(Please circle answers)		
5K Runner or Walker // Male or Female // Age categories for runners 9/u	/ Shirt size: XS, S, M, L, XL, 2XL, 33 nder, 10-12, 13-15, 16-19, 20-29, 30		
Kids 1K Fun Run // Male or Female // S	hirt size: XS, S, M, L, XL, 2XL, 3XI running or walking, I just want to b		.4/16, 18/20
Will bring toy by 11/	/19 Dropped off toy at St. Cl	oud Orthopedics	
	StCloudOrthopedics.com		

Adult Sport-Tek® Long Sleeve PosiCharge™ Competitor™ Tee	XS	S	М	L	XL	2XL	3XL	4XL
Chest	32-34	35-37	38-40	41-43	44-46	47-49	50-53	54-57

Youth Sport-Tek® Long Sleeve PosiCharge™ Competitor™ Tee	XS	S	М	L	XL
Size	4	6/8	10/12	14/16	18/20
Chest	25-26	26-28	28-30	30-32	32-35

DUE TO PROVIDING A SHIRT SIZING CHART THIS YEAR THERE WILL BE NO EXCHANGES.



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