

Join the Jingle Bell Tradition



JINGLE BELL 5K

Register Now
for the
21st Annual Jingle Bell 5K Run/Walk

Benefiting the area's Marine Corps Toys for Tots

SATURDAY, NOVEMBER 17, 2018

Schedule of Events:

- 9:00 a.m. 5k Run/Walk
- 10:00 a.m. Awards Ceremony
- Due to clinic hours, registration will run between 5:30-7:00 p.m. the night before, and start again 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 Shirt!

Now through November 5th

*With Toy Donation: \$25
Without Toy Donation: \$35

After November 5th or on Race Day

*With Toy Donation: \$35
Without Toy Donation: \$45

Adult shirt Information:

- Quarter-Zip Long-sleeved dri fit shirt

Children's shirt Information:

- Long sleeved dri fit shirt

To ensure receiving a tee, be sure to **register early**, and complete your form by **November 5th, 2018**

QUESTIONS?

Contact Shelley Gerads at
St. Cloud Orthopedics, 320-202-5525 or
jinglebellrun@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 5TH!**

REGISTRATION FORM:

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

**To ensure receiving a shirt please be sure to register early, and complete your form by November 5th*

By November 5, 2018: \$25 with toy donation; \$35 without toy donation
 After November 5, 2018: \$35 with toy donation; \$45 without toy donation

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

Questions? Contact Shelley at St. Cloud Orthopedics, 320-202-5525 or jinglebellrun@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 undersigned, intending to be legally bound for myself, my heirs, executors, and administrators do hereby release any and all sponsors of this walk or run, and their representatives, successors and assign from any and all liability arising from illness and/or injuries I may suffer as a result of my participation in this walk or run. I attest and verify that I am physically fit for the completion of this walk or run. I have read the foregoing and certify my agreement by signature following. **All participants must sign** on the line below. If you are under 18, please have your parent or guardian sign this waiver.

Signature: _____ Date: _____

(Please circle answers)

5K Runner or Walker // Male or Female // Shirt size: XS, S, M, L, XL, 2XL, 3XL, 4XL Kids sizes 4, 6/8, 10/12, 14/16, 18/20
 Age categories for runners 13/under, 13-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70-79 over 80

_____ I am not running or walking, I just want to buy a shirt (\$20.00)
 Will bring toy on 11/17 _____ Dropped off toy at St. Cloud Orthopedics _____
StCloudOrthopedics.com

Sport-Tek® PosiCharge® Electric Heather Colorblock ¼-Zip Pullover	XS	S	M	L	XL	2XL	3XL	4XL
Chest	19	20 ½	22	23 ½	25	26 ½	28 ½	30 ½
Body Length at Back	27	28	29	30	31	32	32 ½	33
Sleeve Length	34 ¾	35 ½	36 ¼	37	37 ¾	38 ½	29 ¼	40

CHEST: Measured across the chest one inch below armhole when laid flat. BODY LENGTH AT BACK: Measured from high point shoulder to finished hem at back.
 SLEEVE LENGTH: Start at center of neck and measure down shoulder, down sleeve to hem.

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



St. Cloud Orthopedics
 1901 Connecticut Ave South
 Sartell, MN 56377
 StCloudOrthopedics.com

THANKS TO OUR MAJOR SPONSORS:

