

2024 Jingle Bell Jog

FOR THE KIDS

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

Saturday, December 7

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 12/1	12/2-12/8	Race Day
1-mile/5K	\$25	\$30	\$35
10K	\$30	\$35	\$40



Phoebe Foundation
PREMIER CORPORATE SPONSOR

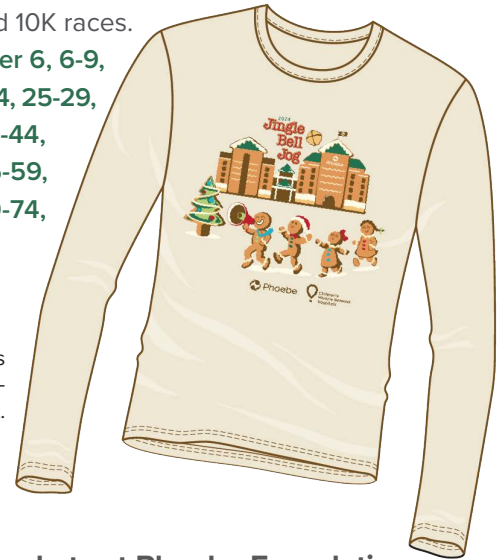


Course Numbers
5K #GA24058WC
10K #GA24057WC

The race will be timed by Start2Finish Events.

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



All participants receive a long-sleeved shirt.

Pick up race packets at Phoebe Foundation
1011 N. Monroe Street in Albany, Georgia
December 5, 11 a.m. - 6 p.m.
and December 6, 9 a.m. - 5 p.m.

Jingle Bell Jog 2024 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 circle preferred t-shirt size.
Adult: SM | MED | LG | XL | XXL | 3XL | 4XL
Child: Youth SM | Youth MED | Youth LG

Please check one: T-shirt only (\$25) 1-mile walk 5K (3.1 miles) 10K (6.2 miles) Total \$ _____

If Phoebe employee, list department: _____

If participating with a team, list company name: _____

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