



JINGLE BELL RUN

5K ROAD RACE



SATURDAY, DECEMBER 6, 2008

SPONSORED BY & BENEFITTING: The Center for Women
(Formerly CARE Pregnancy Center)

The Center for Women

Phone: 828-885-7885 Fax: 828-885-7829 E-mail: cpccare@citcom.net Website: www.brevardwomenscenter.com

START TIME:	9:00 AM
ENTRY FEE:	Early bird fee of \$20 prior to December 2nd and \$25 after that date and on race day.
REGISTRATION:	Race-day registration will be held from 7:45 to 8:45 AM. (More info listed below)
SHIRTS:	All pre-registered runners will receive a T-shirt and a Santa hat. XXL must be ordered 3 weeks in advance.
REFRESHMENTS:	The post-race food will include fruit, granola bars, muffins, water, coffee & juice.

COURSE: This is a USA Track and Field Certified Race Course!	Flat to gently rolling over varying terrain. The race starts and finishes at The Center for Women at 15 E. Jordan Street, Brevard NC. Free parking is available at the First Baptist Church (next door to the center) and registration will be held inside the First Baptist Church Building on Gaston St. The race is the kick-off event for the Brevard Twilight Festival so be sure to bring the whole family to the race.
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AWARDS:	Awards given for the top male & female overall finishers. Awards will also be given to the top 3 male & female finishers in each of the following age group divisions: 10-under, 11-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, & 70-over.
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PRE-REGISTRATION: Available online at www.active.com or by using the form below:

ENTRY FORM: Mail this entry form along with your check made payable to: **The Center for Women at 39 E. Jordan St. W., Brevard NC 28712.** All mail entries must be received by: **December 2nd.** Any registrations after that date (except for fax or e-mail) must be done at the race site. All fax, e-mail, and online entries must be received by **December 4th** and paid for with your **Visa** or **MasterCard**:

Visa	MasterCard	Card Number:	Expiration Date:
Name on Card:		3 or 4 digit CVV2 code on back of card:	
Address:		City:	State: Zip:

Please e-mail or fax your credit card entries to the following: E-mail: cpccare@citcom.net Fax: 828-885-7829. For more information call: 828-885-7885 or visit website at www.brevardwomenscenter.com

T-SHIRT SIZE	ADULT	S	M	L	XL	XXL	YOUTH	Medium	Large	
Name:							Phone #			
Address:						E-mail:				
City:						State:	Zip:			
Age:	MALE		FEMALE							

WAIVER: I know that running a road race is a hazardous activity. I know that 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 related to my ability to safely complete the run. I assume all risks associated with running this event, including but not limited to: falls, contact with other runners, the effects of weather, traffic, and the conditions of the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and, in consideration of acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release sponsors, their representatives and successors from all claims or liabilities of any kind arising from my participation in this event, even though that liability may arise out of negligence or carelessness on the part of such persons.

Signature: _____ Date: _____
(Parent or Guardian must sign if participant is under 18 year of age)