



AJ Snow Man Marathon

REGISTRATION FORM

Participants will compete in a 6 week, 26.2 mile marathon that will begin on January 23 and end March 5. Entry forms will be available at the Annie Jeffrey wellness center or you can register on-line at http://www.ajhc.org/snowman_marathon.html. All runners must preregister for the event. We will begin with a spaghetti and salad lunch at noon on January 23 at the Annie Jeffrey Dining Room. During the meal, you will be treated to a 30 minute nutrition program called "Eating on the Go" from Sandra Burwell, Registered Dietitian. During this event, the first 25 registered participants can also have body composition, lung capacity, blood pressure and blood screening available to them. Participant Packets will be available at that time and will include mileage log (including how to convert miles from exercise bikes, and other fitness equipment). Special prizes will be given away each Monday to reward "runners" who turn in weekly mileage sheets to the box in the Wellness Center or submit their miles online by the previous Sunday. Free use of the wellness center will be offered to all participants, but those using equipment at home are also encouraged to participate. All "runners" will be eligible to win a free 1 year membership to the wellness center. The final week of the marathon will coincide with the Spring Health Fair on March 5, where participants can again have their body composition, lung capacity, blood pressure and lab work measured to objectively measure the benefits of the marathon. The purpose of this event is not to finish the marathon in the fastest time, but to establish a regular exercise routine and promote healthier eating.

NAME: _____ Address _____

Phone Number _____

E-Mail address _____ Yes ___ No Do you want your weekly miles posted on our website?

Will you be attending the Spaghetti/Salad lunch on January 23? ___ Yes ___ No

Are you interested in the free testing on January 23? ___ Body composition test ___ Lung Capacity

___ Blood Pressure screening ___ Cholesterol screening

I understand that I must have my physicians approval before I begin and exercise program and that Annie Jeffrey is not responsible or liable for any injuries sustained during this event.

Signature _____

Return this form to: **The Annie Jeffrey Wellness Center**