



## Arthritis Walk and Jingle Bell Run 2011-2012 Event Reporting Form

Name of Chapter \_\_\_\_\_

Name of Arthritis Walk/Jingle Bell Run Team \_\_\_\_\_

Which event did you participate in? Arthritis Walk/ Jingle Bell Run  
Circle one

Date of the Walk/Run \_\_\_\_\_

Location of the Walk/Run \_\_\_\_\_

Proceeds Donated \_\_\_\_\_

AOII Chapter Contact \_\_\_\_\_

Contact Phone and Email \_\_\_\_\_

*This form is to ensure that your chapter receives recognition for all donations to the Arthritis Foundation through local Arthritis Walk and Jingle Bell Run events. All donations may be sent directly to the Arthritis Foundation. Contact Courtney Stafford @ [cstafford@alphaomicronpi.org](mailto:cstafford@alphaomicronpi.org) with any questions.*

**Please submit this form by May 11, 2012 to receive recognition at Leadership Institute.**

*Please mail this form to:  
AOII Foundation  
Attn: Courtney Stafford  
5390 Virginia Way  
Brentwood, TN 37027*