



HISTORIC
FRANKLIN
TENNESSEE

ITEM #8
WRKS
09/24/13

MEMORANDUM

September 17, 2013

TO: Board of Mayor and Aldermen

FROM: Eric Stuckey, City Administrator *Eric*
Special Events Advisory Team

SUBJECT: Jingle Bell Run Event Application

Purpose

The purpose of this memo is to outline recommendations for approval of the Jingle Bell 5K Run.

Background

The Arthritis Foundation has requested an Event Permit for the fourth "Jingle Bell 5K" on December 7th. Estimated attendance is 3,500 (1,500 participants; 2,000 attendees). As in the past, this event is scheduled for the same day as the Kiwanis Club Christmas Parade. Registration for the run begins at 7:30 a.m. The Fun Run Walk begins at 9:15 a.m. and the 5K run begins at 9 a.m. Closure of the Square is requested from approximately 7 a.m. until 11 a.m.

Recommendation

Staff recommends approval of the event application with the following recommendations:

- Applicant will provide a \$1,000 refundable damage deposit to City prior to event.
- Applicant will provide a Good Neighbor letter which will be distributed to affected neighborhoods.
- Applicant will need permission from Williamson County to place tent and/or any activities on Courthouse property.
- **Risk Management:**
 - Applicant will provide certificate of insurance naming the City as additional insured.
- **Police Department:**
 - Applicant will hire thirteen (13) extra-duty Franklin Police Officers to provide security and crowd control.
 - Applicant will meet with Police Department before event for final look at route, timing of closure, and location of volunteers.
- **Building & Neighborhood Services Department:**
 - Electrical permit will be required.
- **Solid Waste Department:**
 - Applicant is responsible for clean-up.



HISTORIC
FRANKLIN
TENNESSEE

MEMORANDUM

- Department will provide fifteen extra roll-outs and recycling bins/bags for the applicant to use.
- Applicant shall return all roll-outs (full or empty) and all recycling bags and frames to the alley behind Mellow Mushroom.

- ***Fire Department:***
 - Tent permits may be required.
 - EMS will be onsite providing medical assistance if needed.

- ***Revenue Management:***
 - Applicant will provide list of vendors to City.

OFFICE USE ONLY:
Permit No:



CITY OF FRANKLIN EVENT PERMIT APPLICATION

*Application is Due 90 Days Prior to Scheduled Event.
Please read application carefully and fully complete each section.
A non-refundable application fee of \$100 is due at time of filing.*

Note: Filing this application does not guarantee that your request will be granted.

- Please check all that apply:
- street closure
 - parade
 - other special event
 - beer served (*separate permit required*)

Please supply the following information. For additional space, use separate sheets of paper and attach to the application.

- 1) **Location requested (if Temporary Street Closure only, list major roads to be closed):**

_____ Aspen Grove Park	_____ Liberty Park	_____ Eastern Flank BattleField Park
_____ Fieldstone Farms	_____ Pinkerton Park	
_____ Jim Warren Park	_____ Harlinsdale Farm	Other: <u>see map enclosed</u>

- 2) **Name/purpose of event:** Middle Tennessee Jingle Bell Run/walk
- 3) **Date or dates of event:** 12/7/13
- 4) **Time of Event:** 7:30 am - 11:00 am
- 5) **Time of Street Closure (if applicable):** 12 am (insquare) 8 am (streets)
Set-Up Date/Time: 12/7/13 5:30am **Tear-down Date/Time:** 12/7/13 11am
*Note: Two (2) hours will be added before set-up time and two hours (2) will be added after tear-down to allow time for clean-up. Event is responsible for payment of Franklin Police Officers during this time. Read Additional Requirements section for more information.

- 6) **Name of Applicant and Organization Requesting Permit:**
Katie Pickens, The Arthritis Foundation, Southeast Region
 - a) **Address:** 209 10th Avenue South, Ste 212A, Nashville, TN 37203
 - b) **Phone:** 806-8540 c) **Cell:** 832-797-1515 d) **Fax:** 254-8316
 - e) **E-mail address:** kpickens@arthritis.org

- 7) **Person in charge on day of event:** Katie Pickens
Cell: 832-797-1515 **E-mail address:** kpickens@arthritis.org



HISTORIC
FRANKLIN
TENNESSEE

- 8) Name and Cell Number of at least two others available on day of event:
 Name: Katie Christian Cell: 330-402-1945 E-mail address: kchristian@arthritis.org
 Name: Wade Kelley Cell: 423-598-6828 E-mail address: wkelley@arthritis.org
- 9) DETAILED description of event (use additional sheets):
Event will run from 6am-11am. We would like to set-up the stage in front of Green Bank on 12/16 (day before) if possible.
- 10) **ENCLOSE A DETAILED MAP** of event site, detailing any temporary or permanent structures, street closures, parking, etc. If applicable, list the location, blocks, streets, and/or intersections in which such event will occur. *For large-scale events, map should be obtained from the City's GIS division.*
- 11) An estimated number of participants and an estimated number of attendees expected to attend during the course of the event:
1500 participants, 2000 attendees
- 12) Please **attach a list** containing the names, addresses, and phone numbers of the Chairperson of the organization and all other persons involved in the management or control of organization and/or committee.
- 13) Is your organization based in Williamson County? Circle Yes or No
 (if no, please state where: Nashville, TN, Davidson Co., serving 33 counties in middle Tennessee)
- 14) Is your organization authorized to do business in Tennessee? Circle Yes or No
- 15) Is your organization a tax-exempt organization as described by the Internal Revenue Code Section 501(c)(3) or a not-for-profit organization? Circle Yes or No. If yes, please attach copy of IRS tax exemption letter providing proof of status.
- 16) Will you charge an admission/participation fee (including vendors)? If yes, please specify how much per person/vendor. booth vendors pay \$300, participants pay \$10-\$35 for registration
- 17) Will any charity, gratuity, or offers be solicited or accepted during the event? Circle Yes or No.
- 18) Is this event a fundraiser? Circle Yes or No. If yes, what organization will be benefactor of event? What percentage of funds will they receive? The Arthritis Foundation, Southeast Region, Inc. will receive 100%
- 19) Will parking in the area of the event need to be restricted or prohibited? Circle Yes or No.



HISTORIC
FRANKLIN
TENNESSEE

- 20) Will any sound amplification equipment be used during the event? Circle Yes or No. If no, please skip to Question #22.
- 21) For what purpose will sound amplification be used (i.e. announcements, entertainment, etc.)?
Announcements, Entertainment & awards ceremony
- 22) What type of sound amplification will be provided (DJ, Band, etc.)? Please list all that apply.
PA System for announcements & radio
- 23) During what time period is sound amplification requested? 7:30am-11am
- 24) If for entertainment, give details of entertainment being provided (i.e. number of musicians, type of music, amp wattage, etc.).
FM 92.9, pending
- 25) Will any stages, amusement attractions, or amusement rides, including inflatables, be erected for the event? Circle Yes or No. If yes, Applicant must give specific details as to the location and type of games/activities, i.e. inflatables, Horseshoes, relay races, etc. along with the name of the company providing the stages and/or activities. Applicant must also include a copy of that company's insurance certificate indicating coverage and listing the City of Franklin as additional insured. ***For stages, tents, inflatables, etc. constructed on site prior to the event, that date must be included on Certificate of Insurance provided to the City of Franklin. Stages MUST be removed from site at end of event. ***Rented inflatables/interactives that are set-up and manned by applicant must be included specifically in applicant's Certificate of Insurance.
- 26) What, if any, vendors will be present at event? (i.e medical related, shirts, arts, etc.) **Please provide detailed list.** Use additional sheets.
- 27) Will food, beverages, or merchandise be sold or given away? Circle Yes or No. If yes, clean-up is required. Please provide name of clean-up provider, contact, and phone number of person on-site during event. See Question #28. Katie Pickens 832-797-1515
- 28) Events under 200 participants require a \$250 refundable security deposit at the time of approval. For events over 200, a \$1000 security deposit is required upon approval. If clean-up is not done properly, the organization requesting the permit will be fined (See Attachment A). Applicant's event coordinator or representative and a City of Franklin representative will conduct a Pre-Event meeting prior to event date for Pre-Event Check List Site Review. *At the end of the event, a Post-Event Check List shall be completed by the Applicant's event coordinator, or representative, and a City of Franklin representative to re-assess the site for trash and damage, and to secure with caution tape and signage (provided by event group) any tents left for removal.* Damage deposit will be refunded after a satisfactory Post Event Check List has been completed and signed off on by both the City of Franklin and organization requesting event.



HISTORIC
FRANKLIN
TENNESSEE

29) **NOTE:* Events that include deep frying cooking oil operations are required to have a grease pit on-site and contract with a grease waste hauler to handle the grease waste and removal of the grease pit. A copy of this agreement shall be filed along with this application. The primary event sponsor is required to remove all cooking grease from the site immediately after the event. Illegal dumping of cooking grease will be prosecuted. *Please read Additional Requirements section of this application for more information.*

30) Will you require a temporary water tap? Circle Yes or No. If yes, please list exact locations:

City Hall Exterior

31) Will alcohol, beer, and/or wine be given away or sold? Circle Yes or No. If yes, a permit from the relevant board is required. *Please read Additional Requirements section of this application for more information.*

32) Will your event include tents or other temporary structures, propane use, or open flames? Circle yes or no. Events using tents of size 20 x 10 or larger require permitting from Franklin Fire Department. Safety measures must be provided on all tents, especially those set-up prior to the actual event. Tents should be taken down the date the event has ended. *Please read Additional Requirements section of this application for more information.*

will not be larger than 20x10

33) Attach Good Neighbor Letter and Mailing List used. *Please read Additional Requirements section of this application for more information.*

TITLE VI OF THE 1964 CIVIL RIGHTS ACT

"No person in the United States shall, on the ground of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

The City of Franklin does not discriminate based on race, color or national origin in federal or state sponsored programs, pursuant to Title VI of the Civil Rights Acts of 1964 (42 U.S.C. 2000d). For more information or to file a complaint against the City of Franklin under Title VI of the 1964 Civil Rights Act, contact the Title VI Coordinator:

Rodney Escobar
Risk Manager
City of Franklin
109 Third Avenue South
Franklin, Tennessee 37064
615.791.3277

The City of Franklin is committed to providing reasonable access and accommodations upon request for people with disabilities. Please call the Risk Management Department at (615)791-3277 for specific requests.



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PLEASE READ ATTACHMENTS BEFORE SIGNING APPLICATION.

- 1) I/We agree to abide by all ordinances and regulations of the City of Franklin and all conditions placed upon the event by the City Administrator and the Board of Mayor and Aldermen.
- 2) I/We do swear or affirm that all of the information given in this application is true and complete.
- 3) I/We do hereby agree to assume the defense of and indemnify and save harmless the City, its aldermen, boards, commissions, officers, employees and agents, from all suits, actions, damages or claims to which the City may be subjected of any kind or nature whatsoever resulting from, caused by, arising out of or as a consequence of such event and the activities permitted in connection there with, and to submit a certificate of insurance prior to the event in an amount acceptable to the City Administrator.
- 4) I/We agree to provide a copy of this signed Event Application to any vendors, planners, and related parties associated with the event to ensure they are familiar with the guidelines set forth herein.
- 5) I/We understand that I/we assume the responsibility of the actions of any vendors, planners, and related parties for this event.
- 6) I/We understand that granting of Special Event Permit does not imply granting of other permit that is separately required.
- 7) The application for an event permit shall be filed not less than 90 days nor more than 364 days prior to the scheduled date of such event. Suggested filing is at least 180 days prior to scheduled event. Events should not be advertised or promoted until an event permit has been obtained from the City. Failure to file in a timely manner may result in denial of a permit.
- 8) The City reserves the right to require one or more City of Franklin police officers or other emergency personnel be present at any and all events that occur within the city limits. Please budget for this request at a rate of \$30 per hour at a minimum of two (2) hours.

BY: [Signature], Dir. of Development Date: 8/12/13
 (Signature and title – must be officer of organization)

Approved by the Board of Mayor and Aldermen on _____, 20____.

 Dr. Ken Moore, Mayor

 Eric S. Stuckey, City Administrator

If you have questions concerning your request, please call 615-550-6606.

 *
 * **Return application to:** *
 * City Administrator's Office *
 * City Hall *
 * 109 Third Ave South *
 * Franklin, TN 37065 *
 * 615-791-3217 *
 * 615-790-0469 (FAX) *
 *



HISTORIC
FRANKLIN
TENNESSEE

FOR CITY USE ONLY				
Department		Date	Initials	Attach Any Comments
Administration				Comments: _____ Yes _____ No
Business Office				Comments: _____ Yes _____ No
Codes				Comments: _____ Yes _____ No
Engineering				Comments: _____ Yes _____ No
Finance				Comments: _____ Yes _____ No
Fire				Comments: _____ Yes _____ No
Information Technology				Comments: _____ Yes _____ No
Law				Comments: _____ Yes _____ No
Parks				Comments: _____ Yes _____ No
Planning				Comments: _____ Yes _____ No
Police				Comments: _____ Yes _____ No
Risk Manager				Comments: _____ Yes _____ No
Solid Waste				Comments: _____ Yes _____ No
Streets				Comments: _____ Yes _____ No
Water/Wastewater				Comments: _____ Yes _____ No

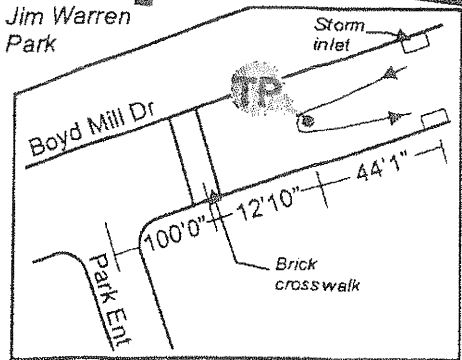
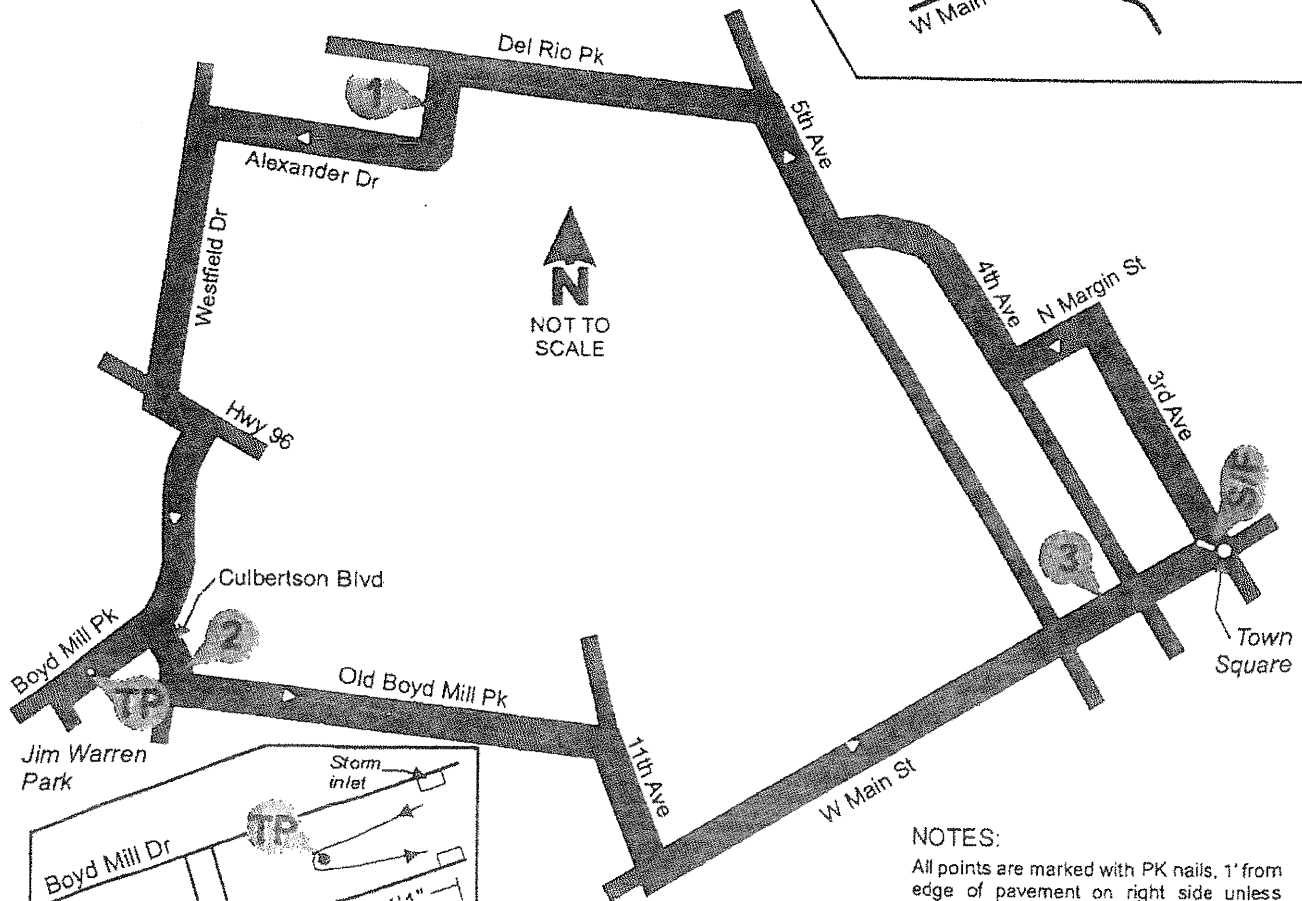
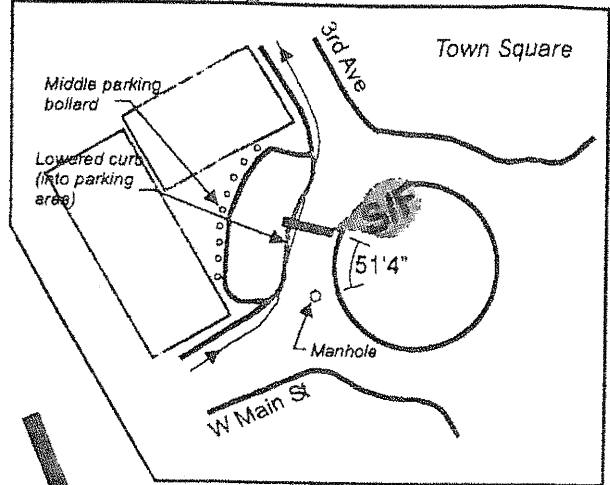
Arthritis Foundation Jingle Bell 5K

Franklin, TN

Start/Finish/Mile Descriptions

- START/ FINISH** In Town Square, on left, 1' off lowered curb, in line with middle parking bollard, 51'4" north of manhole in Public Square near W Main St.
- MILE 1** On Alexander Dr, 1' past power pole #2, 42'8" past the mailbox to 131 Alexander.
- TURNING POINT** In center of Boyd Mill Dr, 44'1" past storm inlets before brick crosswalk.
- MILE 2** On left, on Culbertson Blvd, 37' before Old Boyd Mill Dr, 1' before stop bar on right.
- MILE 3** On left, on W. Main St, between 418 and 420 W Main, 5'6" out from gutter on left.

Start/Finish Diagram



Turning Point Diagram

NOTES:

All points are marked with PK nails, 1' from edge of pavement on right side unless otherwise noted. All descriptions are given in direction runners travel and distances to center of objects unless otherwise noted.

Originally measured by Jim Zeigler on May 6, 2006 as Franklin Classic 5K. New Start/Finish measured by Jeff Hammond (jeffhammond@rpmtraffic.net) for Arthritis Foundation 5K on November 11, 2011.



Road Running Technical Council
USA Track & Field

Measurement Certificate

recognized by



Name of the course Arthritis Foundation Jingle Bell 5K Distance 5 km
 Location (state) Tennessee (city) Nashville
 Type of course: road race calibration track Configuration: loop
 Type of surface: paved 100 % dirt _____ % gravel _____ % grass _____ % track _____ %
 Elevation (meters above sea level) Start 189 m Finish 189 m Highest 195 m Lowest 186 m
 Straight line distance between start & finish 0 m Drop 0 m/km Separation 0 %
 Measured by (name, address, phone & e-mail) Jeff Hammond & Jim Zeigler ph: (615) 372-1527
5248 Franklin Pike Circle, Nashville, TN 37027 jeffhammond@rpmtraffic.net
 Race contact (name, address & phone) Leslie Allen
209 10th Ave S, Ste 228, Nashville, TN 37203 ph: (615) 254-6795
 Measuring Methods: bicycle steel tape electronic distance meter
 Number of measurements of entire course: 2 Date(s) when course measured: 05/06/2006 & 11/11/2011
 Race date: 12/03/2011 Course certification effective date: 11/15/2011
 Replaces: TN06015DJR (if applicable) Certification code: TN06009MS

Notice to Race Director
Use this Certification Code in *all* public announcements relating to your race.

Be It Officially Noted That

Based on examination of data provided by the above named measurer, the course described above and in the map attached is hereby certified as reasonably accurate in measurement according to the standards adopted by the Road Running Technical Council. If *any* changes are made to the course, this certification becomes void, and the course must then be recertified.

Validation of Course — In the event a National Open Record is set on this course, or at the discretion of USA Track & Field, a validation remeasurement may be required to be performed by a member of the Road Running Technical Council. If such a remeasurement shows the course to be short, then all pending records will be rejected and the course certification will be cancelled.

This certification expires on December 31 in the year 2016

AS NATIONALLY CERTIFIED BY:

MR Studholme Date: 11/25/2011
 Matthew Studholme – USATF/RRTC Regional Certifier
 452 Brookhill Drive, Abingdon, Virginia 24210 Phone: (276) 451-2426 E-mail: sheddingcat@comcast.net



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/12/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 1-678-393-5200 Arthur J. Gallagher Risk Management Services, Inc. 1040 Crown Pointe Parkway Suite 700 Atlanta, GA 30338 Joseph Caruso/James Linn		CONTACT NAME: Richard Meyer PHONE (A/C, No, Ext): 678-393-5289 FAX (A/C, No): 678-393-5276 E-MAIL ADDRESS: Richard.Meyer@ajg.com																						
INSURED Arthritis Foundation Southeast Region, Inc. 209 10th Avenue South, Suite 228 Nashville, TN 37203		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>MASSACHUSETTS BAY INS CO</td> <td>22306</td> </tr> <tr> <td>INSURER B:</td> <td>ALLMERICA FIN BENEFIT INS CO</td> <td>41840</td> </tr> <tr> <td>INSURER C:</td> <td>HANOVER INS CO</td> <td>22292</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	MASSACHUSETTS BAY INS CO	22306	INSURER B:	ALLMERICA FIN BENEFIT INS CO	41840	INSURER C:	HANOVER INS CO	22292	INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																								
INSURER E:																								
INSURER F:																								

COVERAGES **CERTIFICATE NUMBER:** 35160262 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			ZDA 9115350-03	06/01/13	06/01/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			AWA 9157701-03	06/01/13	06/01/14	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			UHA 9115355-03	06/01/13	06/01/14	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WHA 9115352-03	06/01/13	06/01/14	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
A	Y/N		N/A	WDA 9144426-03	06/01/13	06/01/14	E.L. EACH ACCIDENT \$ 500,000
C				WMA 9344304-03	06/01/13	06/01/14	E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate Holder is shown as Additional Insured solely with respect to General Liability coverage as evidenced herein as required by written contract.
 Event/Date/Location:

 City of Franklin

CERTIFICATE HOLDER		CANCELLATION	
Nashville Striders, Inc. PO Box 917 Madison, TN 37116 USA		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 	

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SOUTHEAST REGION, INC.
MIDDLE TENNESSEE
209 10th Avenue South, Suite 228
Nashville, Tennessee 37203
Tel (615) 806-8540
Fax (615) 254-8316
www.franklinjbrw.org www.arthritis.org

Monday, December 1, 2013

Dear Neighbor,

I am writing to let you know of an event coming to your neighborhood at the end of this week. We are holding the 5th Annual Williamson County Jingle Bell Run on Saturday, December 7, 2013 in the Downtown Franklin Area. The Jingle Bell Run is a 5K run/walk that includes a 1 mile family fun run. The 5k race will begin at 9:00am, the 1 mile walk will begin at 9:15am and the Santa Chase for children will begin at 8:30am. Registration will start at 7:30am at the Square. Roads will be closed to traffic starting at 7:00am and we will be out of the area by 11:00am.

The map route is attached to this letter. We are looking forward to having this event in your neighborhood and hope that you will join in our excitement by getting involved.

The Jingle Bell Run/Walk is the Arthritis Foundation's nationwide holiday event that raises funds to fight arthritis. This event will provide vital funds for research, advocacy, programs and services in your local area. In 2013, this event will take place in 150 markets from coast to coast, with almost 100,000 participants raising over \$3.5 million dollars to fund arthritis research as well as public health and public policy efforts to improve the lives of people with arthritis.

If you would like to get involved or need to contact the event organizer, you may contact Katie Pickens by phone at (615) 806-8540 or by mail at 209 10th Avenue South, Suite 212 A, Nashville, TN 37203. If you would like to contact someone in the City Administrator's office, you may reach them by phone at (615) 791-3217 or by mail at City Hall, 109 Third Ave South, Franklin, TN 37064.

I would personally like to thank you in advance for any support that you can provide for the 2013 Williamson County Jingle Bell Run and hope you will help raise the excitement level about this event in your neighborhood!

Sincerely,

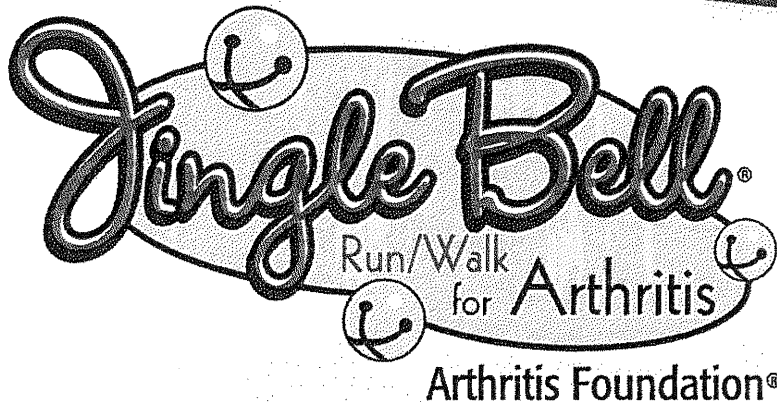
Katie Pickens
Arthritis Foundation, Southeast Region, Inc.
Middle Tennessee
Director of Development

KNOXVILLE •
865/470-7909

MEMPHIS •
901/685-9060

NASHVILLE
615/254-6795

"Chosen as one of The 21 Most Incredible Themed Races"
by Greatist.com 2012



Be part of Jingle Bell Run/Walk, the largest holiday 5K race series aimed at fighting arthritis!

5th Annual Jingle Bell Run/Walk December 7, 2013

5K Run/Walk Begins at 9:00 AM

Historic Franklin Square –
Franklin, TN

Jingle Bell Run/Walk is a fun and festive way to kick off your holidays by helping others! Wear a holiday themed costume. Tie jingle bells to your shoelaces. Run or walk with your team members and celebrate the season by giving.



Register Today!
www.FranklinJBRW.org

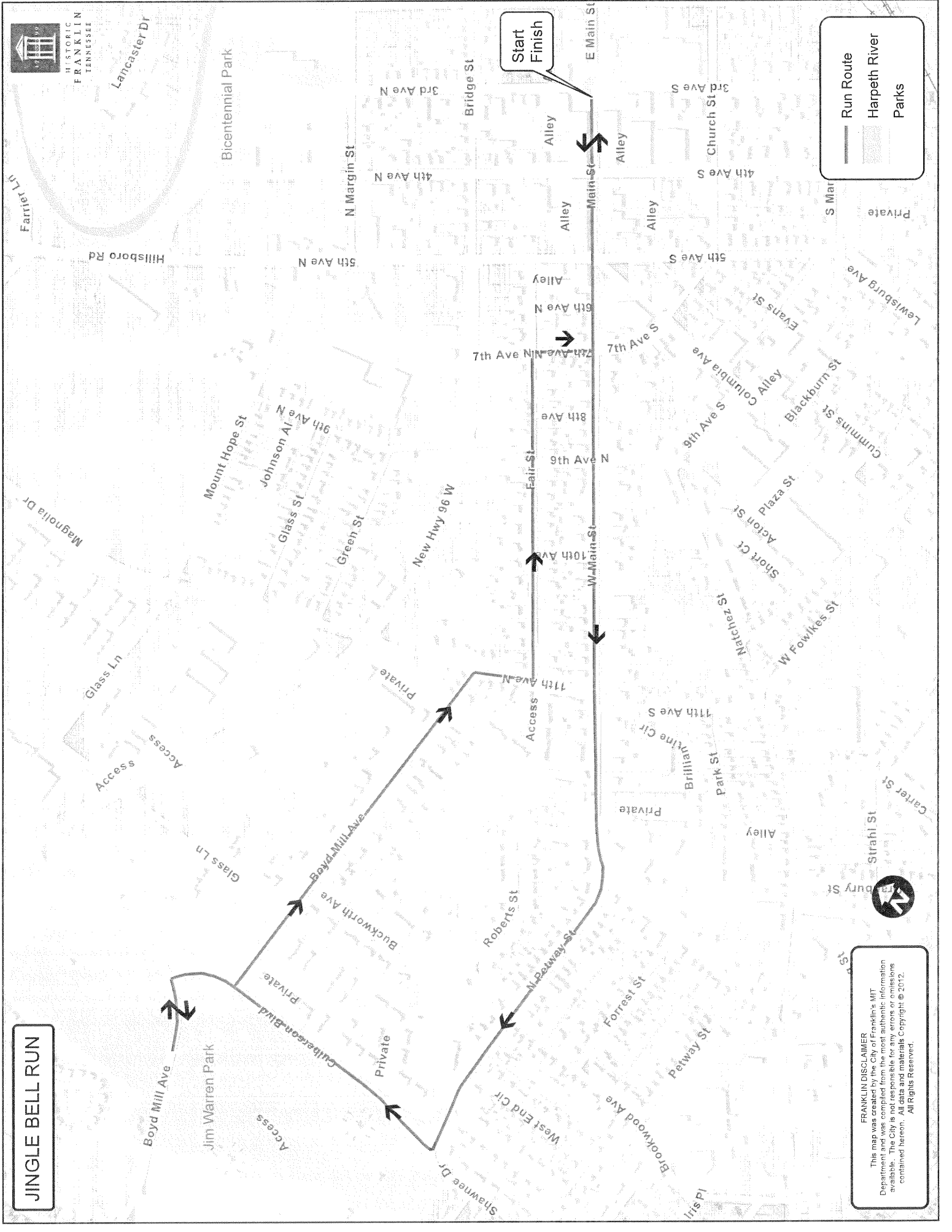
Nationally Sponsored By

abbvie





JINGLE BELL RUN



Run Route

Harpeth River

Parks

FRANKLIN DISCLAIMER
 This map was created by the City of Franklin's MIT Department and was compiled from the most authentic information available. The City is not responsible for any errors or omissions contained herein. All data and materials Copyright © 2012. All Rights Reserved.

