



Bloomsburg Area YMCA

New Years Eve 5k Run/Walk

New Race Course
Run through Main Street!!
Door Prizes!!

Date: December 31st
 Race Time: 7:00pm
 Registration Fee till 12/24/08: \$16
 Registration Fee after 12/24/08: \$20
 Location: Start & End @ YMCA

Race Information

Awards:

1st Male, 1st Female, Youngest, and Most Seasoned
Male: 15 & under, 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-69, 70 & over
Female: 15 & Under, 16-19, 20-24, 25-29, 30-34, 35-39, 40-49, 50-59, 60 & over

New Course through Main Street Bloomsburg for better running conditions.

Registration Time—5:00—6:45pm
Race Day Reg./Early Reg. Pick-up Location—YMCA’s Community Room
Make Checks Payable—Bloomsburg Area YMCA
All Participants receive a high quality long sleeved t-shirt.
YMCA Address/Phone: 30 E 7th St, Bloomsburg, PA 17815 - 570.784.0188
Race Director: Brian Bearor, YMCA CEO—570.784.0188



Local Bloomsburg Hotels:

Patriot Inn	Econo Lodge	Holiday Inn Express
180 Exit 241-A	180 Exit 2332	180 Exit 232
800.873.1180	570.387.0490	570.387.6702

*****All offering discounts for Race Participants.**

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Name: _____ (circle) M F **Race Day Age:** ____ **Birth Day:** _____

Address: _____ **City** _____ **St** _____ **Zip** _____

Email Address: _____ (not to be shared)

Shirt Size (circle): S M L XL XXL **Registering For (circle):** Run Walk

In consideration of this entry to the Bloomsburg Area YMCA (referred to as YMCA) program listed above. I wave all claims for myself and for the participant(s) listed above for any injuries or illness which my result from participation, including any transportation provided by the YMCA, its staff or agents. I further state that I (and/or the above participant(s)) am in proper physical condition to participate in this program. In the event that there is a question regarding my physical condition or the physical condition of the participants(s), a physician will be consulted to review the situation prior to any participation. I also give my permission to the YMCA to use my name and/or picture (including the participant(s)) without compensation.

Signature: _____ **Date:** _____

parent signature if under 18

