



Bloomsburg Area YMCA

New Years Eve 5k Run/Walk

Run through Main Street!!

Date: December 31st
Race Time: 7:00pm
Registration Fee till 12/24/09: \$16
Registration Fee after 12/24/09: \$20
Location: Start & End @ YMCA

All are welcome.....
Bloomsburg Christian Church
New Year's Eve Party—Starts 7pm—FREE!
Live band, games, and a lot of food!
107 Deussen Drive, Bloomsburg
(Two miles south of square on Main St)
www.bloomsburgchristianchurch.org

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

Course is 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

First 300 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: Discounts for Participants.

Patriot Inn Econo Lodge Holiday Inn Express

180 Exit 241-A 180 Exit 232 180 Exit 232

800.873.1180 570.387.0490 570.387.6702

***** Notify them that you are a NYE Runner ******



cut here Bloomsburg YMCA's New Years Eve Run *cut here*

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

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

Circle: Running Walking **Phone Number:** _____

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 waive 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, agents, the Town of Bloomsburg and it's employees. 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