



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GO THE EXTRA MILE

New Year's Eve 5K 2017

Lace up those running shoes - the Bloomsburg Area YMCA is getting ready for our annual **New Year's Eve 5K!**

All proceeds will benefit **Youth Development, Healthy Living,** and **Social Responsibility** in the Bloomsburg community!

EVENT DETAILS

Race Day Times:

Sunday, December 31st
Registration: 5:00PM - 6:45PM
Race Begins: 7:00 PM

Early Material Pick-up Time:

Friday, December 29th
12:00PM - 7:00PM

Registration Fee:

Until December 13th: \$25
After December 13th: \$30

Meetup Location:

Bloomsburg Area YMCA
30 East 7th Street
Bloomsburg, PA 17815

Be among the first 300 participants to register and you are **guaranteed** a NYE beanie!!!!

AWARDS

First Male

(Trophy Award)

First Female

(Trophy Award)

Male Age Classes:

(Medals for top 3)

- 14 & Under
- 15-19
- 20-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45-49
- 50-54
- 55-59
- 60-64
- 65-69
- 70+

Female Age Classes:

(Medals for top 3)

- 14 & Under
- 15-19
- 20-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45-49
- 50-54
- 55-59
- 60-64
- 65-69
- 70+

New Year's Eve 5K - Go the Extra Mile!

Name _____

Address _____

Phone _____

Email (not to be shared) _____

Circle: M F Age: _____ (on the day of the race)

Date of birth: _____ BIB #: _____

In consideration of this entry to the Bloomsburg Area YMCA (referred to as YMCA) program listed above. I waive all claims for myself or the participant listed for any injuries or illness, which may result from participation, including any transportation provided by the YMCA, its staff, agents, the Town of Bloomsburg and its employees. I further state that I (or the participant) 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 participant, 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 without compensation.)

Signature _____ Date _____

Signature of parent or guardian (if under 18 years of age) _____ Date _____

Amount Enclosed: \$ _____
*Make checks payable to
Bloomsburg Area YMCA

Due to YMCA policy, NO REFUNDS will be given.