



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

The Bloomsburg Area YMCA is getting ready for our annual **New Year's Eve Run!** This year, you may register for either our usual 5K, or challenge yourself and double your achievement in our 10K!

All proceeds will benefit **Youth Development, Healthy Living,** and **Social Responsibility** in the Bloomsburg community, especially **LIVESTRONG** at the YMCA, an evidence-based program supporting survivors of cancer throughout our community.

Register by Sunday, December 9th and you are **guaranteed** a 2018 NYE 5K/10K t-shirt!

## EVENT DETAILS

### Race Day Times:

**Monday, December 31st**  
**Registration:** 4:00 - 6:15 PM  
**Walking (5K) Begins:** 6:30 PM  
**Running (5K/10K) Begins:** 7:00 PM

### Early Material Pick-up Time:

**Friday, December 28th**  
 8:00 AM - 6:00 PM

### Registration Fee:

**5K Registration:** \$25  
**10K Registration:** \$35

### Meetup Location:

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

## AWARDS

### First Male

(Trophy Award)

### First Female

(Trophy Award)

### Male Age Classes:

(Medals for top 3)

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

### Female Age Classes:

(Medals for top 3)

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

Register online at [www.bloomsburg.org/run](http://www.bloomsburg.org/run)



## New Year's Eve Run- Don't Stop at the Finish Line!

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email (not to be shared) \_\_\_\_\_

Circle: M F Age on 12/31/2018 : \_\_\_\_\_

I will be running a (circle one): 5K 10K Walking 5K

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ BIB #: \_\_\_\_\_

Shirt Size: YS YM YL S M L XL 2XL 3XL

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 the Bloomsburg Area YMCA

Due to YMCA policy, NO REFUNDS will be given.