



Bloomsburg University's Market Street Mile

Race Administration
Provided By:



Bloomsburg YMCA

*** Register at the Bloomsburg YMCA ***

**Benefiting the BU Cross Country and
Track and Field Scholarship Fund.**

Adults—1 Mile
6-10 year olds—1/2 Mile
5 and Under—1/4 Mile

Date: Friday, August 28th
Race Time: 6:30pm

1 Mile Registration
Reg. Fee till Aug 17th: \$12 (\$15 after)

1/2 & 1/4 Mile Registration
Reg. Fee till Aug 17th: \$8 (\$10 after)

The first 150 registered are guaranteed an Official Race T-Shirt.

**Start at the beautiful Town Fountain and
end at Town Park!!**

Race Information

Awards:

1st Male, 1st Female, Youngest, Most Seasoned, Top 3 of Each Age Group, 1st Finisher of 1/2 and 1/4 Races, and all kids!

Age Groups 1 mile race:

11 to 14; 15 to 19; 20 to 29; 30 to 34; 35 to 39; 40 to 44; 45 to 49; 50 to 54; 55 to 59; 60 to 69; and 70+.

Registration Time—4:30-6:15pm

Race Day Reg./Early Reg. Pick-up Location—

Caldwell Consistory Parking Lot—150 Market Street

Make Checks Payable—Bloomsburg Area YMCA

YMCA Address/Phone: 30 E 7th St, Bloomsburg, PA 17815 - 570.784.0188

Race Director: Brian Bearor, YMCA —570.784.0188 Bernie Empie—570-389-4891

Email: director@bloomsburg.org Website: www.bloomsburg.org



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ENTRY FORM

NAME: _____ AGE: _____ GENDER: M or F

Email Address: _____

ADDRESS: _____ CITY: _____

STATE: ____ ZIP CODE: _____ PHONE: _____

T-Shirt Size: Yth S Yth M Yth L Yth XL Adult S Adult M Adult L Adult XL

Emergency Contact: _____ Phone: _____

In consideration of this entry to the Bloomsburg University 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 Bloomsburg University, its staff, agents, the Town of Bloomsburg and it's employees and the Bloomsburg Area YMCA 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 Bloomsburg University to use my name and/or picture (including the participant(s)) without compensation.

Participant's signature: _____ Date: _____

Signature of parent or guardian (if under 18): _____