

30Th ANNUAL FROSTBITE 5 MILE RUN 7Th ANNUAL PENGUIN 5K WALK



SUNDAY, DECEMBER 12, 2010
RACES START AT 1:00 PM, DUBOISTOWN, PENNSYLVANIA
(WILLIAMSPORT PENNSYLVANIA AREA)

WHERE: DUBOISTOWN FIRE HALL, 2651 EUCLID AVE, DUBOISTOWN, PENNSYLVANIA
2 MILES FROM DOWNTOWN WILLIAMSPORT

FEES: \$ 13.00 SPECIAL RETRO FEE: POST MARKED BY JULY 4, 2010
\$ 20.00 JULY 1 TO NOVEMBER 30 and \$25.00 after NOVEMBER 30, 2010
Pre-registered: Payable to Lycoming County Special Olympics and mail to
Patty Loner, 2325 West Fourth Street, Williamsport, PA 17701

RACE DAY: REGISTRATION: 11:00 AM – 12:45 PM at the Duboistown Fire Hall
Will serve as registration, storage, warm-up, cool down and awards area

AWARDS: RUNNERS – First 3 Overall Male and Female Finishers. Ages 1-14, 15-19, 20-29,
30-39,40-49,50-59,60-69, 70+, Special Olympics, Athena, Clydesdale.
WALKERS – First 2 Overall Male and Female. Ages 1-29, 30-49, 50+, Special Olympics
***** Age groups will be split if registration is large enough*****

PRIZES: Shirts Guaranteed to first 150 participants, door prizes, food, drinks, massages.

SPECIAL DIVISION: Public Service Cup: Opened only to teams of Firemen, emergency personal, military or non-profit service groups. Team consisting of 5 runners competing in the 5 Mile Race and must contain at least one female. First three finishers for team determines winning group.

Questions: Call patty Loner at (570) 279-0440 or email ploner57@netzero.com
Race forms and additional information available at www.lycoming.org/sopalc

NAME _____	AGE _____	SEX	M	F	
ADDRESS _____	SHIRT SIZE	S	M	L	XL
CITY _____	STATE _____	ZIP _____			
PHONE _____	5 Mile Run _____	5 K Walk _____			

TEAM MEMBERS: _____, _____
_____, _____

In consideration of the acceptance of my entry, and intending to be legally bound, I hereby, for myself, my heirs, and administrators, do waive, and discharge all rights and claims which I may have, or which may hereafter accrue to me, against Special Olympics Pennsylvania, Special Olympics Lycoming County, Borough of Duboistown, Armstrong Township, all named and unnamed sponsors and volunteers, while traveling to and from the event, participating in the event, using any and all the facilities, for any and all injuries suffered by me in this event. I understand that my part in this event can result in injury to myself and my property. I hereby attest and affirm that I am medically able, equipped and properly trained for this event.

Signed: _____ Date: _____

Signed: _____ Date: _____

(Parental Signature necessary if under 18)