

1st Annual

HALLOWEEN HUSTLE 5K

All proceeds donated to Susan G. Komen Breast Cancer Foundation!

Saturday, October 28th, Bloomsburg Town Park

Time:

Awards:

9:00am Registration

Trophies to top 3 overall males/females

10:00am Run

Medals to top males/females in categories

10:15am Walk

Trophies to top 3 male/female costumes

Entry fees:

Checks payable to:

10/18 & before: \$20 ___

Bloom Health & Fitness

*Guarantees t-shirt!

1150 Old Berwick Rd.

10/19 & after: \$25 ___

Bloomsburg PA, 17815

Children 12 & under: \$10 ___

Attn: Halloween Hustle 5K

Donation only: \$ ___

*Please do not mail cash (accepted on site)

Registration:

Name: _____ Age: ___ Male: ___ Female: ___ Runner: ___ Walker: ___

Address: _____ City: _____ State: ___ Zip: _____

Phone: (____) - ____ - ____ Shirt Size: XS ___ S ___ M ___ L ___ XL ___ XXL ___

Emergency Contact Name: _____ Phone: (____) - ____ - ____

Optional Online Registration Available at <https://www.pretzlecitysports.com/online-registration/>
(Nominal service fee applies, closes at midnight, the Wednesday before race day)



For further info, please call (570)-784-6344, or visit [Facebook.com/bloomhealthandfitness](https://facebook.com/bloomhealthandfitness)

In consideration of Bloom Health & Fitness, it's owners, sponsors, employees, representatives, agents, licensees, contractors, successors, and assigns organizing and conducting the Halloween Hustle 5K on October 28th, 2017, and allowing me to participate in said event: I hereby waive, release, and discharge forever all claims, demands, rights, and causes of action of whatsoever kind and nature arising directly or indirectly, from any and all known and unknown and unforeseen bodily and personal injury, damage to property, and the consequences thereof resulting from my running and/or participating in said event, and the covenant not to sue for any said injuries and/or damages.

Signature: _____ Date: ___/___/___

Parent Signature if under 18: _____ Date: ___/___/___