



Citizens Helping Citizens' 5K Run/Walk Indiana, PA Saturday, July 17, 2010 9:00 a.m. at 8th and Philadelphia Street

Proceeds Benefit:
**Citizens'
Ambulance Service
Jerry Esposito
Scholarship Fund**

SPONSORED BY
CITIZENS' AMBULANCE SERVICE
DR. DONALD HOGAN
FIRST COMMONWEALTH BANK
GINGERBREAD MAN RUNNING CO.
INDIANA REGIONAL MEDICAL CENTER
KOVALCHICK CORPORATION
ROYAL OIL AND GAS CORPORATION
S & T BANK

**Third Leg
Of the
Indiana
Roadrunners'
Triple
Crown**

REGISTRATION INFORMATION

ALL FEES NON-REFUNDABLE. RAIN OR SHINE: NO DEFERRED DATE

PRE-REGISTER BY JULY 13, 2010

FEE: \$13

RACE DAY REGISTRATION: 7:30 A.M.- 8:45 A.M.

RACE DAY: \$15 *SHIRTS NOT GUARANTEED ON RACE DAY* AT Gingerbread Man Running Co. 714 Philadelphia St

AWARDS and REFRESHMENTS also at the Gingerbread Man Running Co.

MEN

TOP AND OVERALL

**TOP 3 EACH AGE GROUP: 19 & UNDER, 20-29,
30-39, 40-49, 50-59, 60 PLUS**

WOMEN

TOP AND OVERALL

**TOP 3 EACH AGE GROUP: 19 & UNDER,
20-29, 30-39, 40-49, 50 PLUS**

WALKERS

TOP MALE AND TOP FEMALE

COURSE:

STARTS ON S. 8TH ST. BY S & T PARKING LOT, RIGHT ONTO SCHOOL, LEFT ON PRATT, RIGHT AT THE STUDENT UNION, UP THRU IUP AND LOOP AROUND MCELHANEY HALL AND BEHIND ACKERMAN HALL, LEFT ONTO SOUTH DR AND GRANT ST., RIGHT ON S. 7TH TO MACK PARK, FULL TRACK LOOP, TO REAR OF PARK PAST THE SWIMMING POOL ENTRANCE AND TURN AROUND ON THE ROAD TOWARDS THE HOSPITAL ROAD. RUN THRU THE PARKING LOT BESIDE THE PLAYGROUND, DOWN THE HILL AND OUT THE CARTER ST PARK ENTRANCE. RETURN ON COURSE AND RETURN TO START WITHOUT THE IUP LOOP

Make checks payable to: Citizens' Ambulance Service, Inc.

Mail to: Citizens' Ambulance * 805 Hospital Road * P.O. Box 237* Indiana, PA 15701 or drop off. dhogan7@verizon.net

Name: _____ DOB _____

Optional Email _____ RUNNER _____ WALKER _____

Full Address _____

Age on Race Date: _____ Sex: Male _____ Female _____ Shirt Size: S _____ M _____ L _____ XL _____

Waiver: My signature on this entry releases all sponsors or individuals from any liability, which may result from this race. SIGNED: _____

(Parent or guardian signature if under 18 years old)