

# 2026 MAPLE FESTIVAL RACE

- WHEN:** Saturday, April 25, 2026 9:00 a.m. Both Runs / 9:02 a.m. 5K Walk
- WHERE:** Meyersdale Train Station • 527 Main Street • Meyersdale, PA 15552
- WHAT:** 5K Run or Walk and 8K (5 mile) Run on the trail. Both courses are out and back in design on the Great Allegheny Passage Trail.
- COST:** Entry fee is \$30 if received by March 29, 2026, which guarantees a t-shirt.  
Entry fee is \$35 after March 29, 2026, thru race day (no guarantee of t-shirt)  
Entry fee only is \$25 (no t-shirt)

**PLEASE MAKE CHECKS PAYABLE TO PA MAPLE FESTIVAL**  
**(Registration fee is non-refundable. There will be a \$50 fee on any returned check)**

If you are a returning participant from the 2025 race and bring someone new to this year's race, both of you will have a registration fee of \$25 per person (entries must come together).

- AWARDS:** Top male and female overall in each event.  
Top three in the following age groups: 10-u, 11-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+ (race director will divide into five year groups if appropriate).

Please return the bottom portion to  
Gloria Miller • 13 Beachley Street • Meyersdale, PA 15552

**PLEASE DO NOT** return to the Maple Festival Office

If you have any questions, please contact Gloria at 814-442-3311 or at gmiller1958@yahoo.com.

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NAME \_\_\_\_\_ AGE ON RACEDAY \_\_\_\_\_ M or F  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
\_\_\_\_ 5K RUN    \_\_\_\_ 5K WALK    \_\_\_\_ 5 MILE RUN    SHIRT: YL AS AM AL AXL AXXL

I, for myself, my heirs, executors and administrators, have read and accept the conditions of this entry form and release and waive all rights and claims for damages I may have against the Pennsylvania Maple Festival, the race sponsors, volunteers and organizers of this race for any injuries, illnesses or actions which may result through my participation in the Maple Festival Race. I attest that I am physically fit and sufficiently trained to finish this race. My physical condition has been verified by a licensed medical doctor. I also grant full release to all parties of this event to use my name and photograph for news coverage and publicity and marketing purposes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_