

# Ebensburg Homecoming

5K, 15K Races & Duathlon (2 mile run/8.5 mile bike/2 mile run)



Saturday, July 30, 2022

5K & 15K starts at 9:00 AM

Duathlon starts at 11:00 AM

Registration & Check-in:


5K & 15K = 7:30AM to 8:45AM

Duathlon = 7:30AM to 10:00AM

This is a fast course on the Ghost Town Trail in Ebensburg. Duathletes are permitted to use any style bike (except E-bikes). All duathletes must wear a helmet during the bike portion of the race. Refreshments (beverages, fruit and cookies) will be provided after the race. Restrooms will be available. All proceeds benefit the Central Cambria XC Program.

LOCATION: Ghost Town Trail (Ebensburg) at the YPCC  
(if we run out of shirts, \$5 off the fee)

FEE: 5K race \$ 20  
Duathlon \$ 25  
5K or 15K & Duathlon \$ 30

AWARDS 5K & 15K:  Homemade Apple Pies to the Top 2 Finishers Male and Female Overall and Top 2 Finishers Male and Female in the following age groups

9 - 13	14 - 18	19 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 & Over
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AWARDS Duathlon:  Homemade Apple Pies to the Top 10 Finishers Male and Female Overall 

Send Entries To: Ebensburg Homecoming 5K, 15K & Duathlon, PO Box 428, Ebensburg, PA 15931  
Make Checks Payable to: Friends of CCXC  
Questions: (814) 659-8513

NAME: \_\_\_\_\_ Circle One or Both: 5K 15K Duathlon Circle One: M F

AGE: \_\_\_\_\_ Phone #: \_\_\_\_\_

Shirt Size Circle One: S M L XL 2XL (Guaranteed to the first 100 entrants)

I know that running a race is a potentially hazardous activity and that I should not enter unless I am medically able and properly trained. I assume all risks associated with running this event including, but not limited to; falls, poison ivy, bee stings, contact with other participants, the effects of the weather, traffic and the conditions of the course. All such risks being known and appreciated by me and having read this waiver and knowing these facts and in consideration of accepting my entry form, I and anyone entitled to act for me, wave and release the organizers of this race, its volunteers, Ebensburg Boro and its Dept. and employees, and Central Cambria School District and Central Cambria Cross Country Boosters from any claims and liabilities of any kind arising out of participation in this event or carelessness of any persons named in this waiver.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian if under 18: \_\_\_\_\_