

Ebensburg Homecoming

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



Saturday, July 27, 2024

5K & 15K starts at 9:00 AM

Duathlon starts at 11:30 AM

Registration & Check-in:



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



Duathlon = 7:30AM to 10:30AM

This is a fast, fairly flat course on the Ebensburg Rails to Trails. Duathletes are no longer required to use a mountain bike, ALL BIKES are permitted and they must wear a helmet. Refreshments (beverages, fruit and cookies) will be provided after the race. Restrooms will be available.

LOCATION: Ebensburg Rails to Trails at the YPCC
(if we run out of shirts - \$10)

FEE: 5K/15K race	\$ 20
Duathlon	\$ 25
Both 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

AWARDS Duathlon:  Homemade Apple Pies to the Top 5 Finishers Male and Female Overall 

Send Entries To: Ebensburg Hoco 5K/15K & Duathlon, 1178 Winterset Road, Ebensburg, PA 15931
 Make Checks Payable to: Friends of CCXC
 Questions: (814) 659-8513

NAME: _____ Circle Race/s: 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: _____