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Dr. Mark D. Hannan  
Chiropractor



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American Cancer Society  
1948 East Third Street  
Williamsport, PA 17701

RETURN SERVICE REQUESTED



# 27th Annual

10K Run/5K Run/ 5K Walk  
And Kid's Fun Run

Loyalsock Township  
Williamsport, PA

**Saturday, May 10, 2025**

A team sponsored event to benefit  
The American Cancer Society's  
Relay for Life

Email: [maydayrace@comcast.net](mailto:maydayrace@comcast.net)  
OR visit us at [www.maydayrace.org](http://www.maydayrace.org)

## EVENT DETAILS

- **May 10, 2025 at 9:00 AM**
- Race-day registration and sign-in is open from 7:00 AM to 8:45 AM.
- All registrants will be entered to win post-race door prizes.
- \$25 registration fee\*, **before April 23, 2025**  
**Only registrants who register by the April 23rd deadline will receive a long sleeve technical race shirt.**  
\*\$30 registration fee on Race Day
- Chip Timing

## KID'S FUN RUN

The Kid's Fun Run will take place after the run/walk. All children must register to participate. However, there is no fee for participation. Children can purchase a long-sleeve race shirt for \$15 if registered by April 23, 2025.

## COURSE DESCRIPTION

The run/walk will start and finish at Water Tower Square. The course is a flat course with a turn-around at the half-way point for the 5K and 10K. Water stations are available at the 1.5 mile, 3 mile and 4.5 mile markers.

## DRIVING DIRECTIONS

Take the Faxon Exit from I-180 and follow the signs to Commerce Park Drive.

## FOR QUESTIONS, CALL/TEXT:

Julie Pentico at 570-337-2548

OR **EMAIL** at [maydayrace@comcast.net](mailto:maydayrace@comcast.net)

### **BACK AGAIN FOR 2025**

Virtual race offered for each event. Go to <https://runsignup.com/Race/PA/Williamsport/MayDay5k10k> to see all of the options you have to participate.



AllOne Charities is a 501 (c)(3) non-profit organization that partners with the May Day committee as the fiscal agent. The partnership supports the race financially as well as with the administration.

# 2025 May Day Run/Walk 5K/10K and Kid's Fun Run Registration Form

Circle One

Name \_\_\_\_\_

Age \_\_\_\_\_

10K Run   5K Run   5K Walk   Kid's Run

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email address \_\_\_\_\_

**Division \*Circle M or F**

**14 and under M F**

**15-19 M F**

**20-29 M F**

**30-39 M F**

**40-49 M F**

**50-59 M F**

**60-69 M F**

**70+ M F**

\* age categories will be split if registration is enough

### REGISTRATION:

Make Checks Payable to: **\$25 for run/walk**  
AllOne Charities **\$15 kid's run shirt**  
**\$30 on Race Day**

Send entries to: AllOne Charities

83 Union Street

Wilkes-Barre, PA 18711

**sorry, no refunds**

\*Race shirt guaranteed only with registration received by April 24th.

### **EVERY DOLLAR MAKES A DIFFERENCE**

Whether racing or not, you can make a donation to recognize milestones in a cancer survivor's life or remember someone who has lost their battle with cancer.

I would like to make a donation on behalf of: \_\_\_\_\_

Donation Amount: \$ \_\_\_\_\_

Donations of \$250.00 or more will be listed on back of race shirt if received **BEFORE April 23rd**.

Adult T-shirt Size: S M L XL XXL or no shirt  
Child T-shirt Size: S M L (Circle one)

### AWARDS

Each event will be officially timed and medals will be awarded to the top three male and female finishers in each of the age groups: 15-19, 20-29, 30-39, 40-49, 50-59, 60-69 & 70+.

### RELEASE AND ACKNOWLEDGEMENT OF MAY DAY RUN/WALK AND KID'S FUN RUN

In consideration of the acceptance of my entry, and intending to be legally bound, I hereby, for myself, my heirs, my executors and administrators, do waive, release, and discharge all rights and claims which I may have, or which my hereafter accrue to me, against Team Cure Seekers, Team Friends, the American Cancer Society, Loyal sock Township, its Recreation Board, all named and unnamed sponsors and volunteers, while traveling to and from the event, participating in the event, using any and all the facilities, for any and all injuries suffered by me in this event. I understand that my part in this event can result in injury to myself and my property. I hereby attest and affirm that I am medically able, equipped and properly trained for this event.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parental Signature necessary if under 18)