

# Ottumwa YMCA St. Patty's Day 5K Run & 2.5K Walk

**Saturday March 17<sup>th</sup>**

**8:00am**

**Indian Hills Community College  
Advanced Technology Center  
(Weather Location: Hellyer Student Life Center)**



**Family Prize drawing for a 3 month  
Family YMCA membership!**



**Individual  
Runner/Walkers:**

**\$17 prior to  
March 10<sup>th</sup>**

**\$25 after  
March 10<sup>th</sup>  
& day of race**

**Registration Deadline: March 12<sup>th</sup>**

**5K Run awards will go to Top  
3 males and top 3 females**



**Join us for the Quad County Health Fair afterwards in the  
Rural Health Education Center 7am-Noon**

**For more information, contact Kathy Sisler at (641)684-6571 x26 or [kathy@ottumwaymca.com](mailto:kathy@ottumwaymca.com)**

# Ottumwa YMCA

## St. Patty's Day 5K Run & 2.5K Walk

### FAMILY FUN RUN

Where You Have the Right to B - FIT  
**FitnessSports**  
2291 University Ave., Ottumwa, Iaights, IA 52501

Registration deadline is **March 12<sup>th</sup>**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<p><b>Individual Runner/Walkers:</b> (Includes Long sleeve T-shirt)</p> <p>Gender (circle one)    Male        Female</p> <p>Participating in (circle one)    5K Run        2.5K Walk</p> <p>Long Sleeve T-Shirt Size: Adult    S    M    L    XL    XXL</p>	<p><b>COST:</b></p> <p>\$17 Pre-registration            \$25 After deadline or            day of race.</p> <p>PAID: _____</p>
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<p><b>Family Fun Run:</b> (does NOT include t-shirt)</p> <p>Number of Family members participating: _____</p> <p><b>PRIZE DRAWING FOR 3 MONTH            FAMILY YMCA MEMBERSHIP!</b></p>	<p><b>COST:</b></p> <p>\$10 per family</p> <p>PAID: _____</p>
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Wavier to be signed by athlete (parent or guardian if under 18) in consideration, forgoing, I myself executors, administrators, and assignees to hereby and discharge the Ottumwa YMCA and all sponsors for all claims and damages and causes whatsoever, in any manner arising or growing out of my participation.

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

Make checks payable to: **Ottumwa YMCA**

Please mail form and payment to:  
**Ottumwa YMCA**  
 Attn: Kathy Sisler  
 611 N Hancock  
 Ottumwa, IA 52501



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