Want to help in another way? Be a (street) Block Sponsor!

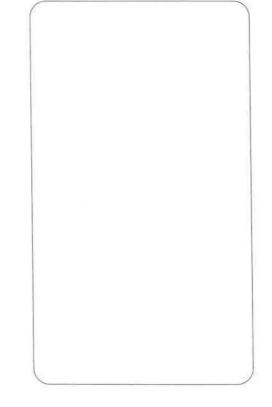
For a \$400 donation, your name or business will be prominently displayed on a block along the racecourse.

Returning Loyalty Sponsors: \$325



All donations will be featured on our Facebook page.

Name
Address
Contact Number
\$400 Street Block Sponsor (please email sign details to griley295@gmail.com)
\$325 Returning Loyalty Sponsor
Other Donation
Mail to: Little Great Race, Inc PO Box 764 Charleroi, PA 15022 Make checks payable to: Little Great Race, Inc.





cfsbank

37th Annual 5k Run/Walk

Saturday
September 7, 2024
8:15 am

Online Registration

https://runsignup.com/ Race/PA/Charleroi/ CharleroiLittleGreatRace

All festivities, including the start and finish, will take place at the Charleroi Chamber Plaza near Trustees Park

Little Great Race, Inc. PO Box 764 Charleroi, PA 15022 eeping with our past practice and tradition, proceeds from the race will be donated to the following:

- Charleroi Area School District Harvest Bounty Food Program
- Rostraver West Newton Emergency Services
- Charleroi Volunteer Fire Department
- · Charleroi Regional Police Department
- Washington City Mission

Strollers/Rollerblades/Dogs Prohibited

No registration changes will be made on the day of the race.

Online Registration at https://runsignup.com/Race/PA/Charleroi/CharleroiLittleGreatRace



37th Annual Charleroi Little Great Race 5k (3.1 miles) Run/Walk

When: Saturday, September 7, 2024

Where: Charleroi Trustees Park

Time: Race starts at 8:15 am

(Walkers will start 2 minutes after runners)

Entry Fee

\$20.00 Registration (deadline 8/30/24)
The first 400 applicants are guaranteed
a shirt and race bag.

\$30.00 Same Day Registration Race bag/shirt not guaranteed.

Packet Pick Up Info

Charleroi Community Park Pavilion Friday, September 6 from 5:00-6:00 pm

Awards

The top three overall male/female runners and walkers.

Age Group Awards

The top three male/female runners and walkers will receive awards in each age category.

(No duplication of awards.)

ENTRY FORM

Name			
Address			
City	 State	Zip	

Gender: M or F

Email

Race Entered (circle choice): RUN WALK

Circle Shirt Size: S M L XL 2XL 3XL

Phone Date of Birth

Emergency Contact

Name	
	,
Phone	

Mail to:

Little Great Race, Inc PO Box 764 Charleroi, PA 15022

Make checks payable to: Little Great Race, Inc.

Waiver & Release

(Must be signed to participate)

In consideration of the acceptance of my entry into this race, I acknowledge that participation in a 5K road race that proceeds along Charleroi streets, across railroad tracks, a parking lot and the grounds of the Charleroi Trustees Park presents risks of harm to me. I represent that I am physically fit, sufficiently trained to participate in this event and am not medically restricted from participation in the Little Great Race. I acknowledge that Covid-19, and its variants, poses a risk to me at a public gathering. I understand that there are inherent risks associated with the participation in this race and those risks may result in physical restriction, disability, and serious and possibly fatal health conditions. I assume the risk of any and all injuries and harm that I may sustain while participating in or attending the Little Great Race. I, for myself, my heirs, successors, and assigns do fully and generally release the Little Great Race, Inc., its officers, directors, committee members and volunteers from any and all liability and claims for any and all injuries and damages, whether physical, mental or disease related, and all economic and noneconomic damages that I may sustain as a result of my participation in the Little Great Race. I acknowledge this is a public event that will be photographed, video and audio recorded, and that the times of race participants may be published. I grant full permission to use my name, image and likeness and waive my expectation of privacy.

Signature____

(Signature of parent or guardian, if under 18)