



# 2026 Cortland YMCA Race Series

22 Tompkins Street, Cortland NY 13045 607-756-2893 [www.cortlandymca.org](http://www.cortlandymca.org)

2026 Race Series	Dates	Deadline To Receive	Circle to Register
CORN DUCKY 5K	Saturday, May 2nd, 2026 @ 9:00am	T-Shirt: April 10	Timed \$30 Untimed \$20
VIKING 5K (Mike Andersen Memorial Run)	Saturday, June 20th, 2026 @ 10:00am	T-Shirt: May 29	Timed \$30 Untimed \$20 Youth (0-13) \$15
NATIONAL NIGHT OUT GLOW RUN 5K	Tuesday, August 4th, 2026 @ 7:00pm	T-Shirt: July 14	Timed \$30 Untimed \$20
LEAF PEEPER HALF MARATHON	Saturday, September 26th, 2026 @ 7:30am	T-Shirt: September 4	Timed \$75 Untimed \$60
RUN 4 ALL 1 MILE AND 5K (circle 1 or 5)	Saturday, October 10th, 2026 @ 10:00am	T-Shirt: September 18	\$5 \$10 \$15 \$20 \$25 \$30
TURKEY TROT 5K	Thursday, November 26th, 2026 @ 9:00am	T-Shirt: November 5	Timed \$30 Untimed \$20

\*Untimed means you do NOT get a bib for our timing system, but can still time yourself  
 \*Run 4 All is a pay what you can run/walk, please indicate what you can pay

<b>Last Name</b>						<b>First Name</b>				
<b>Address</b>										
<b>City</b>		<b>State</b>		<b>Zip</b>		<b>Gender</b>	<b>M</b>	<b>F</b>	<b>Other</b>	
<b>Phone #</b>						<b>DOB</b>	/	/		
<b>Age</b>		<b>T Shirt Size</b>	<b>Small</b>	<b>Medium</b>	<b>Large</b>	<b>XL</b>	<b>XXL</b>			
<b>Email</b>										
<b>Emergency</b>	Name:					Phone:				

Race Registration is non refundable and non transferable.

Make checks payable to "Cortland YMCA." We also accept cash, MC, Visa, Discover, AMEX

Do you wish to make an extra donation to YMCA? If so, please indicate amount \$ \_\_\_\_\_

In consideration of acceptance of this entry, I, the undersigned, intending to be legally bound for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Cortland YMCA and other sponsors of this event, their representatives and successors for any/all injuries suffered by me in this event. I attest and verify that I am physically fit and have trained sufficiently for this event and my physical condition has been verified by a licensed medical doctor. Further I hereby grant full permission for the use of any photographs, videotapes, pictures, recording or any other record of this event for legitimate purpose.

There are no refunds.  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian (if under age of 18):** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_ **Exp** \_\_\_\_/\_\_\_\_ **CVC#** \_\_\_\_\_

**Name on Credit Card:** \_\_\_\_\_ **Address W/Card:** \_\_\_\_\_

For Office Use Only	___ Entered into Daxko	___ Payment processed	___ Shirt size in Daxko in "notes"	___ Date
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