



**Color the Stadium 5K “Running with Scissors” Fun Run or Walk
To Benefit Baseballtown Charities Dream League
Thanks to Penn State Health St. Joseph, Corps Fitness, & A Running Start**

WWW.BASEBALLTOWN.ORG/SCISSORS

Please note – All runners are highly suggested to wear swimming goggles or sun glasses to protect their eyes during the event!

Runner Registration: Please mark the number of runners you would like to register. Then complete the appropriate number entries below. Any other number or entries must be done on separate entry forms.

_____ - 1 Runner (\$39)

_____ - 3 Runners (\$100)

_____ - 10 Runners (\$250)

RUNNER #1 INFO:

FIRST & LAST NAME: _____

ADDRESS: _____ PHONE: _____

CITY, ST, ZIP: _____ EMAIL: _____

AGE: _____ GENDER: _____ SHIRT SIZE: _____

RUNNER #2 INFO:

FIRST & LAST NAME: _____

ADDRESS: _____ PHONE: _____

CITY, ST, ZIP: _____ EMAIL: _____

AGE: _____ GENDER: _____ SHIRT SIZE: _____

PROUD DOUBLE A AFFILIATE OF THE PHILADELPHIA PHILLIES SINCE 1967

Reading Fightin Phils
FirstEnergy Stadium
P.O. Box 15050
Reading, PA 19612-5050

WWW.FIGHTINS.COM

Phone (610) 370-BALL
Fax (610) 373-5868



RUNNER #3 INFO:

FIRST & LAST NAME: _____

ADDRESS: _____ PHONE: _____

CITY, ST, ZIP: _____ EMAIL: _____

AGE: _____ GENDER: _____ SHIRT SIZE: _____

RUNNER #4 INFO:

FIRST & LAST NAME: _____

ADDRESS: _____ PHONE: _____

CITY, ST, ZIP: _____ EMAIL: _____

AGE: _____ GENDER: _____ SHIRT SIZE: _____

RUNNER #5 INFO:

FIRST & LAST NAME: _____

ADDRESS: _____ PHONE: _____

CITY, ST, ZIP: _____ EMAIL: _____

AGE: _____ GENDER: _____ SHIRT SIZE: _____

RUNNER #6 INFO:

FIRST & LAST NAME: _____

ADDRESS: _____ PHONE: _____

CITY, ST, ZIP: _____ EMAIL: _____

AGE: _____ GENDER: _____ SHIRT SIZE: _____

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RUNNER #7 INFO:

FIRST & LAST NAME: _____

ADDRESS: _____ PHONE: _____

CITY, ST, ZIP: _____ EMAIL: _____

AGE: _____ GENDER: _____ SHIRT SIZE: _____

RUNNER #8 INFO:

FIRST & LAST NAME: _____

ADDRESS: _____ PHONE: _____

CITY, ST, ZIP: _____ EMAIL: _____

AGE: _____ GENDER: _____ SHIRT SIZE: _____

RUNNER #9 INFO:

FIRST & LAST NAME: _____

ADDRESS: _____ PHONE: _____

CITY, ST, ZIP: _____ EMAIL: _____

AGE: _____ GENDER: _____ SHIRT SIZE: _____

RUNNER #10 INFO:

FIRST & LAST NAME: _____

ADDRESS: _____ PHONE: _____

CITY, ST, ZIP: _____ EMAIL: _____

AGE: _____ GENDER: _____ SHIRT SIZE: _____

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ADDITIONAL TICKETS:

Each runner will receive 1 General Admission ticket with their registration. If you would like to purchase additional tickets for other guests, please do so below. The additional tickets purchased will allow them to attend the post-race VIP party, pre-game awards ceremony on the field, and attend that evenings Reading Fightin Phils game.

General Admission - \$6 each X _____ = \$ _____

Additional Tickets Total: \$ _____

Cost for number or runners participating (see page 1): \$ _____

TOTAL PACKAGE PRICE: \$ _____

Please note – All runners are highly suggested to wear swimming goggles or sun glasses to protect their eyes during the event!

After completing this form, please return to the Reading Fightin Phils with check(s) made payable to the *Reading Fightin Phils* or with your Credit Card information filled out below:

1. Mail – Please mail to the following address:

Reading Fightin Phils
Attn: Stephen Thomas/Scissor Race
PO Box 15050
Reading, PA 19612

2. Drop Off at FirstEnergy Stadium

(1900 Centre Ave. Reading, PA 19604)

CREDIT CARD INFO:

CC TYPE: _____ CC #: _____ EXP. DATE: _____

ONCE YOUR PAYMENT IS RECEIVED, YOU WILL RECEIVE AN EMAIL CONFIRMING YOUR REGISTRATION

Questions, please call Stephen Thomas, Game Presentation Manager or the Reading Fightin Phils at 610-375-8469 x213 or email SThomas@fightins.com

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