



55th Annual Switchback Scamper 10K Run and 5K Walk
Sunday, September 27, 2026
Race Start Time: 2 p.m. in Summit Hill

Course: Beginning at W. White Street (near St. Joseph’s Church) in Summit Hill borough, through the streets to the gravel and grass covered Switchback Trail, to ¾ of a mile on the highway before turning into the trail within the Mauch Chunk Lake Park with final 0.2 mi. on pavement to finish line. The downhill trail is the former Switchback railroad bed.
 (Transportation to the race start from registration at the Mauch Chunk Lake park can be provided).

FINISH: at Mauch Chunk Lake Park

REGISTRATION/PACKET PICK-UP: Located in Mauch Chunk Lake Park (Wildoner/Koch Pavilion) from 12 noon to 1:30 p.m.

Please complete below:

Special note: Walkers begin at the lake (runners’ finish line) and follow directional signs for the walking route. **Awards:** All runners and walkers are eligible for awards. **Refreshments:** Soup and beverages provided to those attending. **Registration Deadline: Race Day** (First 75 entries receive tee-shirts)

****IMPORTANT: CHECK ONE** **RUNNER** _____ **WALKER** _____

NAME _____ **AGE** _____ **DOB** _____

ADDRESS _____ **CITY/TOWN** _____

STATE _____ **ZIP CODE** _____

E:MAIL ADDRESS _____

PHONE: (_____) _____ **SEX (M)** _____ **(F)** _____

Tee-Shirt Size (please circle size **SMALL** _____ **MED** _____ **LARGE** _____ **X-LARGE** _____

REGISTRATION FEE: \$35.00

Online sign-up at: <https://runsignup.com/Race/PA/JimThorpe/SwitchbackScamper>

Checks payable to: Switchback Scamper – **Mail to:** St. John’s Lutheran Church, 319 South Ave, Jim Thorpe, PA 18229 **For additional information:** Contact Walt Schlenner at 484-553-1556.

An application can be downloaded from the church website at www.stjohnsinjimthorpe.org

RELEASE: ALL ENTRANTS MUST SIGN RELEASE

In consideration of the acceptance of my entry, I, intending to be legally bound, do hereby, for myself, my heirs, executors and administrators: wave, release and forever discharge any and all rights and claims which I may have or which may hereafter accrue to me against the Switchback Scamper, St. John’s Lutheran Church (Heights) or any and all other sponsors and promoters, while traveling to and from this event, and participating in said event.

I FURTHER ATTEST THAT I CONSIDER MYSELF TO BE IN GOOD HEALTH TO PARTICIPATE

Signature of Participant, Parent or guardian if under 18: _____