



TWILIGHT TRAIL RUN

north chagrin reservation

8K TRAIL RUN THURSDAY NIGHT • 7PM AUGUST 12 • 2010

ENTRY FEE

\$20 / \$25 race day, \$5 donation to jump up age group

FORMAT

Staggered start by sex and age group, compete as individual or as part of two-person team; lowest accumulative place or time wins team category, only 300 entries accepted, course closes at 8:15 PM

PRIZE MONEY

10% of race registration to be split between 1st & 2nd place individuals and teams (5 categories)
1st place - 12%, 2nd place 8%

RAFFLE

Second Sole merchandise

ALL RUNNERS

Receive complimentary gift, post party following

WHERE

Willoughby, OH, Cleveland Metro Parks, N. Chagrin Reservation, River Grove Picnic Area, Chagrin River Rd., in between Chardon & Wilson Mills Rds., ½ mile South of Squire's Castle, parking at River Grove, across street or Squire's Castle

COURSE

8k/4.9 miles, 99% of course on dirt bridle trails, crosses one stream and has one major & many minor rolling hills, RFID timing system

CONTACT

Kate Pophal, 216.577.1091 or kpophal@clevelandplaysracing.com

REGISTER

Online at clevelandplaysracing.com (before midnight 8/11) or mail registration form with cash or check (payable to "Cleveland Plays Racing") to 2316 Mullberry Ave., Cleveland, OH, 44113 (by 8/9)

PACKET PICKUP

Achilles Running store, 8/10 from 6-8 PM, 8791 Mentor Ave., Mentor
Second Sole Lyndhurst, 8/11 from 6-8 PM, 5114 Mayfield Rd., Lyndhurst
Race day starting at 5:30 PM at North Chagrin Reservation



A Cleveland Plays Racing Event
Presented By



To Benefit



**The Cleveland
Rape Crisis
Center**

\$5 donation to Cleveland Rape Crisis Center allows you to change age group. Donation of cell phones greatly appreciated. Visit www.clevelandrapecrisis.org/wish.asp for more donation ideas.

I will compete as an **INDIVIDUAL** male female
I will compete as part of a **2-PERSON** male female coed **TEAM**
I want to donate \$5 and jump up an age group

Name _____ E-mail _____ Phone _____

Address _____ City _____ State _____ Zip _____

(if team) Team Name _____ Name of teammate _____

Emergency contact name _____ Emergency phone _____

Signature of Runner _____ Age on race day _____ Today's Date _____

In consideration of acceptance of this entry, I waive for myself, my heirs, and my assigns all claims for damage which I may have against the organizers, sponsors, businesses, Cleveland MetroParks, or individuals as a result of any injuries which may be incurred during or in conjunction with this event.

Parent's Signature _____ Today's Date _____

All entries must be signed. If a runner is under 18, entry must be signed by parent or guardian.