



# 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](mailto:kpophal@clevelandplaysracing.com)

### REGISTER

Online at [clevelandplaysracing.com](http://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](http://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.