

4TH ANNUAL **GHOSTLY GRAY TRAIL RACE** 2011

Presented By:  **TROOP D CAMP CADET** www.troopdcampcadet.org

Race Sponsors:



Camp Cadet Association
P.O. Box 1514
Butler, PA 16003-1514

4TH ANNUAL **GHOSTLY GRAY TRAIL RACE** 2011

**When it's too tough for them...
 It's just right for us!**

N 40°53'02.31" W 80°01'25.93"

5K TRAIL WALK

**5K/10K
 TRAIL RUN
 RACE**

OR

**30K XC TRAIL
 MOUNTAIN BIKE
 RACE**



Saturday, October 29, 2011
Lutherlyn • Prospect, PA
 To view race location, please visit: www.lutherlyn.com



Entry MAKE CHECKS PAYABLE TO: **TROOP D / BUTLER COUNTY CAMP CADET**
 Form MAIL ENTRY FORM TO: TROOP D / BUTLER COUNTY CAMP CADET
 P.O. BOX 1514, BUTLER, PA 16003-1514

PRE-REGISTRATION DEADLINE: OCTOBER 15, 2011

NAME (LAST, First, MI) _____ AGE (On race day) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____

EVENT: (Please Check One)

_____ **WALK 5K** _____ **RUN 5K** _____ **RUN 10K** _____ **MNT. BIKE RACE 30K**

CIRCLE SHIRT SIZE	ADULT:	S	M	L	XL	XXL
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Race Waiver and Release

In consideration of my accepting this entry, I hereby for myself, heirs, executors, and administrators, waive and release any and all claims for damages I may have suffered by me or my child in said event suffered by me or my child in said event against Troop D / Butler County Camp Cadet, and all volunteers, staff and Race Sponsors of the walk / run / mountain bike race for any and all injuries suffered by me or my child in said event. I further certify that I have sufficiently trained for the event. If I should suffer injury or illness, I authorize officials of the event to have me transported to a medical facility. I grant full permission to any and all of the foregoing to use any photographs, video tapes, motion pictures or other record of this event for any purpose. Furthermore, I understand my personal information may be shared with those coordinating the event.

PRINT NAME OF PARTICIPANT _____

Signature of Participant (Required): _____

DATE: _____

SIGNATURE OF PARENT
 (IF PARTICIPANT IS UNDER THE AGE OF 18)

How did you hear about the event? _____

Helmets must be worn by ALL mt. bike racers – NO EXCEPTIONS!! If you find another racer who's injured, please take time to decide whether immediate assistance is necessary. If injury is not serious, report the injured rider to the next checkpoint. If the rider does need medical attention, stay with the rider and send the next approaching biker for medical assistance.

Each race participant is responsible for accurately following the course. Leaving the course will result in disqualification.



- Race Location: Lutherlyn - Prospect, PA
www.lutherlyn.com

AWARDS: Top 5 finishers for the following Trail Run 5 K & 10 K portion of the race and top 5 finishers for the Mountain Bike Race.

- Mountain Bikes race starts promptly at 10:00 AM (3) 6.2 Mile Loops
- Followed by the Runners and Walkers.
- Post Race Events start at 12 Noon
 - Rain or Shine

ENTRY FEE: \$25.00 per individual for walk, run or mountain bike. T-shirt guaranteed to those pre-registered. Race day registration beginning at 8:30 AM at LUTHERLYN

GENERAL: Timing Services by Miles of Smiles, Ellwood City, PA (Results posted on the internet at <http://www.smileymiles.com>)

PROCEEDS: Proceeds benefit the Troop D Camp Cadet Organization
www.troopdcampcadet.org / 724.284.1134 Extension 250

Directions: From Pittsburgh, follow I-79 North to SR 422 East. From SR 422 East turn right onto Dick Road (just prior to 84 LUMBER). Travel approximately 1.5 miles and turn right into LUTHERLYN and proceed until you reach the parking area.

From Kittanning, follow SR 422 West. Turn left onto Dick Road (just after 84 LUMBER). Travel approximately 1.5 miles and turn right into LUTHERLYN and proceed until you reach the parking area.

Lutherlyn Address: 500 Dick Road, Butler, PA 16001

EMERGENCY NOTIFICATION
NAME: _____
RELATIONSHIP: _____
PHONE NUMBER: (_____) _____

QUESTIONS: PLEASE CALL TROOPER KESTEN
724.284.1134 x250

Race Applications can be printed at:
www.troopdcampcadet.org.