



25th ANNUAL **Mayfield Wildcat** **5k Run & Kids Fun Run**



In Connection with Highland Heights Community Day



WHEN: Saturday, July 20, 2019
TIME: Registration opens at 7:30 AM 5K 8:30am kids run 9:15am
WHERE: Highland Hts. Community Park
 Wilson Mills Road, Highland Hts., Ohio
 (approx 1 mile West of I-271 on North side of Wilson Mills)
COST: 5K: \$20.00 (\$15.00 if post marked prior to July 13th)
 Fun Run: \$5.00 (Free for 1 child if parent registers for 5K) Age 12 & under

- In honor of 25th year, ALL PAST OVERALL GENDER CHAMPIONS receive free entry
- **Fast & scenic course through Highland Hts. Park and tree-lined residential area**
- **T-shirts to 1st 150 5-K registrants**
- **Water stop, post-race refreshments and BIG post-race raffle (kids included)**
- **Prizes for Top Finishers (Top 3 Males/Females Overall)**
- **Male/Female Age Group Awards:**
 Top 3: 13 & under, 14-15, 16-17, 18-19, 20-24, 25-29, 30-39, 40-49, 50-59, 60+
- **Proceeds will benefit Mayfield Athletic Boosters and Mayfield CC and Track Teams**

Questions, contact Race Director Polly Canfield (440-376-1320) or via email at: stevepollycanfield@gmail.com

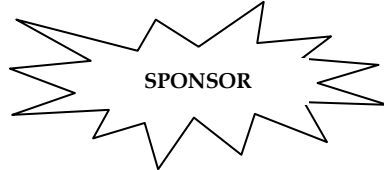
Name _____ Age _____ M ___ F ___
 Address _____
 City/State/ZIP _____ T-Shirt Size: S M L XL
 e-mail _____
 Phone _____ Fee enclosed _____ (\$20 or \$15 prior to 7/13)

Race Type: 5 K Run 1 Mile Kid Fun Run
 Parent 5K / Child Fun Run Child Name _____ Age _____ M ___ F ___

PLEASE MAKE CHECKS PAYABLE TO: Mayfield Athletic Boosters (Memo Box: Wildcat Run)
and mail to:

Mayfield Wildcat Run
 c/o Polly Canfield
 721 Lander Rd
 Highland Hts., Ohio 44143

or DROP OFF AT:
 Achilles Running Shop
 7439 Mentor Ave.
 Mentor, Ohio 44060



I hereby declare that I am physically fit to run and complete this 5k race and hold harmless University Suburban Heath Center, Physicians for Pulmonary & Critical Care, TENREB, the Mayfield Cross Country & Track Club, the City of Highland Hts., the Mayfield Board of Education, all sponsors, all volunteers, and all race officials for any illness, injury, or medical problems or other problems associated from my participation.

Signature of Participant _____ **Date** _____

Signature of Parent/Legal Guardian (if under 18) _____