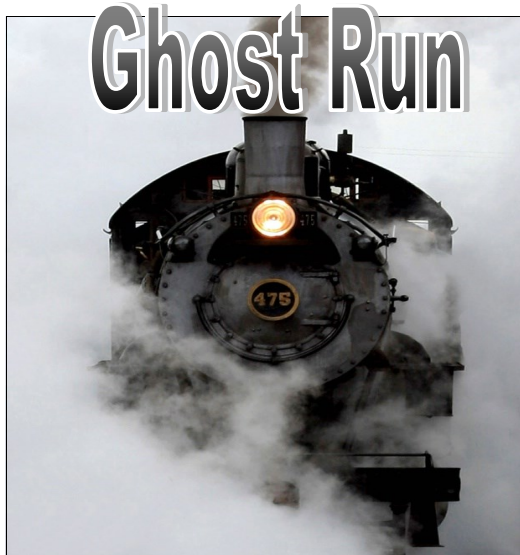


13th Annual Air Line Trail Ghost Run

Certified Trail Course/Half Marathon
13.1 Miles

Saturday, November 7, 2015

Race Time: 9:00AM



Why the name "Ghost Run": In 1891 the New England Limited Railroad Co. purchased two plush Pullman luxury cars painted white with gold trim. The remainder of the train was white washed and the engine crews and staff were dressed in white overalls. The "White Train" became an instant success, carrying businessmen and the wealthy between Boston and New York. For people watching the locomotive and cars speeding through their trains, the train became known as the "Ghost Train".

COURSE: The race begins at Hebron Elementary School located on Route 85. Runners will run south on Route 85 and pick up the Air Line Trail behind Route 85 Lumber. The race continues on the Air Line Trail through Colchester and into East Hampton. At the Trail Head runners will continue on the trail to Watrous Street, to Summit Street. Follow Summit Street to Center Elementary School. Shuttle Buses will be available for all the runners in each direction. The trail is flat and is surfaced with packed

Relay Legs

#1 Start to Grayville Rd. Hebron
3.7 miles

#2 Grayville Road to River Overpass, Colchester
3.3 miles

#3 River Road Overpass to Finish Line –
Center School, East Hampton;
6.1 miles

Relay Runners: Shuttle buses will drop you off and pick you up at designated locations. Relay schedules for shuttle buses will be available the day of the race.

Shuttle Buses: If taking our shuttle bus service we ask that you park at the finish line, Center Elementary School, Main Street, East Hampton and take the shuttle to the start, Hebron Elementary School for check in or registration. Shuttles will run every 15 minutes beginning at 7:15 AM. The last shuttle to the starting point will leave promptly at 8:30 AM for the 9:00 AM start. Please note: Only pre-registered runners should take the 8:30 shuttle. Runners registering at the start line should take and earlier shuttle.

<http://fasttracktiming.com/races/11072015-airline-trail-ghost-run/>

INFORMATION



Date
Saturday, November 7th 2015

Time
9:00 AM Start

Start
Hebron Elementary School,
Hebron CT

Finish
Center Elementary School,
East Hampton, CT

Registration
Forms may be brought to any of the sponsoring recreation departments, or mailed to:

Hebron Parks and Recreation
15 Gilead Street
Hebron, CT 06248

Make checks payable to:
Town of Hebron

Onsite Registration
7:00 AM-8:30 AM

Fees
Individual
\$32.00 Pre-registration
\$37.00 after October 21, 2015
Relay Team
\$54.00 per team
\$59.00 after October 21, 2015

Contact Information
Hebron: 860-530-1281
bgarnelis@hebronct.com
East Hampton: 860-267-7300
smullen@easthamptonct.org
Colchester: 860-537-7297
recreationspecialist@colchesterct.gov

Ghost Run Registration Form

FILL IN THE APPROPRIATE BOXES
PRINT OR TYPE ALL REQUESTED INFO, ILLEGIBLE FORMS MAY NOT BE PROCESSED

RACE NUMBER

OFFICIAL USE ONLY

LAST NAME

MALE FEMALE

FIRST NAME

AGE

ADDRESS

CITY

STATE ZIP

PHONE

TEAM

E-MAIL

I, _____ the undersigned by registering for the Ghost Run, understand the nature and risks associated with participation in this activity. I am aware that participation is at one's own risk. I acknowledge that the activity, equipment and facilities may pose significant risk of personal injury. I am also aware that each participant is responsible for his or her own safety. I hereby grant for myself, my heirs, executors, or administrators, waive and release any and all claims of damage we ever had or now have, against Hebron Parks and Recreation, its successors and assigns, employees, agents and representatives and the Last Mile Race Management, for any and all kinds of injury, including but not limited to personal injury and/or property damage suffered by myself, while participating in this activity. I understand that Hebron Parks and Recreation, its successors and assigns, employees, agents and representatives and the Last Mile Race Management is not responsible for medical, hospital, emergency room or transportation expenses for any incidental illness or injury to the above named participant. I certify that the information contained on this form is accurate and complete.

Signature: _____
(parent or guardian if under 18)

Date: _____