

Summer Solstice

Scenic

Cataldo, Idaho



Ride the Wall

Sunday

June 21, 2015

Proceeds benefit: Silver Valley Fuller Center for Housing and Rose Lake Quick Response Unit
Helmets are mandatory for all riders

DISTANCE: Approximately 13 miles.

ENTRY: \$30 - Postmarked by JUNE 5TH Payable to Silver Valley Fuller Center for Housing.

LATE ENTRY: After June 5 - \$35. Late registrants not be guaranteed shirts on race day

CHECK-IN: Sunday, June 21st, 4-6 pm at The Mission Inn. Take I-90 Exit 40 to Cataldo.

PRE-EVENT MEETING & START: 6:05 pm - Parking lot at The Mission Inn

FINISH: The Mission Inn, Cataldo.

POST EVENT BBQ at The Mission Inn: Free for Participants, Others: \$7.00

T-SHIRTS: Commemorative shirts for all participants. Pick up at check-in if pre-registered

PARKING: Parking is limited and will be marked. Please keep the cafe parking clear for patrons.

COURSE INFORMATION: - From Cataldo: approximately 8 miles of one-lane dirt road,

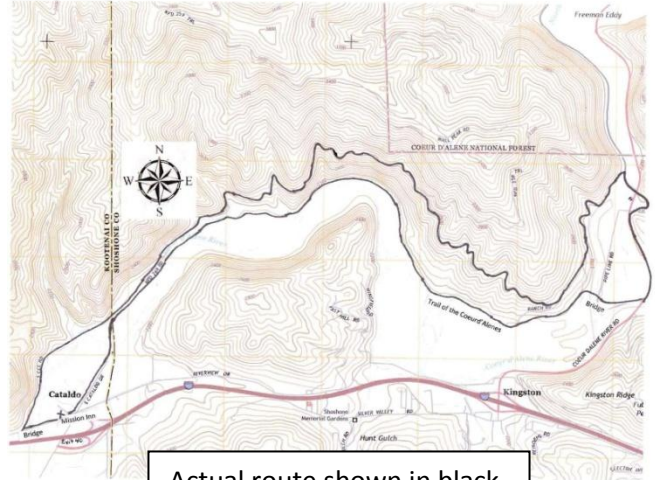
steep and rocky on the uphill. This is a typical logging road with some sharp corners. Off the Wall to Enaville: approximately 1/2 mile along the Cd'A River Road, then 5 miles of paved trail. back to Cataldo. Volunteers will be on the course to flag, give directions. An aid station will be situated on top of The Wall. A portion of the course is on public roads. Please be aware that part of the course is public road, and traffic laws and rules apply! Course closes at 8 pm.

Participants 14 years and younger MUST ride with their parent-guardian

Information: CALL - Old Mission (208) 682-3814, Excelsior Cycle (208) 786-3751, Mission Inn (208) 682-4435

E-mail judyblalack@gmail.com or katymacx@gmail.com

In-Kind Sponsors: Excelsior Cycle, Old Mission State Park, Sunnyside Drug, Helbling-Benefits Consulting



Actual route shown in black.

A larger map is posted on our website at http://www.svfc.org/bike_event.htm

Ride the Wall REGISTRATION FORM

Make check or money order payable to: **Silver Valley Fuller Center for Housing.**

Mail to: Ride the Wall, PO Box 5, Cataldo, ID 83810

NAME _____ email _____

ADDRESS _____

CITY, STATE & ZIP _____

PHONE _____ AGE _____ GENDER: M ___ F ___ SHIRT SIZE: S M L XL XXL

In Case of Emergency Contact:

Name: _____ Phone: _____

I waive and release all rights and claims against the sponsors for any and all injuries, losses, or damages suffered while traveling to and from or participating in this event. I acknowledge sole responsibility for and assume the complete risk of loss and damages to my personal possessions and athletic equipment during the *Bridge the Years* and any related activities. I verify that I am physically fit for the event.

Signature _____ Date _____

Signature of Parent/Guardian _____ (If participant is under 18)