DELMARVA'S OFFICIAL HOT CHOCOLATE RACE

# THE FROSTY FREEZE

## JANUARY 19, 2013

## 2 MILE RUN / WALK

## 10:00 AM

**at MAC Inc. Located behind the Holly Center Facility off Snow Hill Road (Rt. 12)**
**Harry & Jeanette Weinberg**
**Senior Services Building**
**909 Progress Circle, Suite 100**

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RUNNERS/WALKERS of all ages will compete in a 2 mile fun run/walk and help raise funds for MAC Inc. (www.macinc.org) and Salisbury Horizons (salisburyhorizons.org). This event is a community service project led by Olivia Eagle. Both organizations are near and dear to her heart and it is her hope that you join to help raise funds for these organizations.. **Olivia is a honor student, Cross Country runner, indoor track & field athlete and lacrosse player at James M. Bennett.*

The race course is a flat 2 mile out and back course. The course begins at the MAC Inc. Center and goes around the Holly Center campus and back.

**AWARDS:** Gift Certificate to 1st place Male and Female runners and ribbons for first and second place Male and Female runners/walkers in the following age groups: under 8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-29, 30-39,40-49,50-59, 60-69 and over 70; and Top Fundraiser.

- Well behaved pets on leash are welcome.
- Free Gift to first 100 Registrants! Must be present.
- Post Race Festivities include hot chocolate, coffee, bagels, & more!
- See the new Anti Gravity Running Machine!

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Donations will be greatly appreciated. **Further information please call Harlan Eagle at 443-944-2563 or Harlan@timkennard.org**

### TIMES

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|---|---|
| 9:00 AM | Registration |
| 10:00 AM | Race Begins |
| 10:50 AM | AWARDS CEREMONY |

### COST

**$10** per person donation. $25 per family of 4 by by January 18

$12 per person donation. $45 per family of 4 on Race Day

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### REGISTRATION FORM

**Mail Form & Donation to : Leigh Ann Eagle, MAC Inc 909 Progress Circle Suite 100 Salisbury, MD 21804**

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SELF [ ] Name / Family Name: Age(s): Sex:
FAMILY [ ]

Address:

City / State / Zip:

Phone(h): Phone(cell) Email:

**Donation Type (circle):**

Cash

Check (to MAC Inc)

In consideration of your acceptance of this entry I HEREBY for myself, my heirs, my executors, and administrators, waive any and all rights and claims for damages I may have against MAC INC.,HCI, Holly Center, WICOMICO COUNTY, THE CITY OF SALISBURY, race director, volunteers and the sponsors, their representatives, successors, and assigns for any and all injuries suffered by ME in said event. I attest that I AM physically fit and able to complete this event. I hereby consent to receive and pay for treatment in the event of MY INJURIES as a result of any accident and/or illness during the event, and will be liable to reimburse the cost of any treatment.

Signature _____ Date _____

Signature _____ Date _____
(parent guardian / if participant under 18 yrs old)