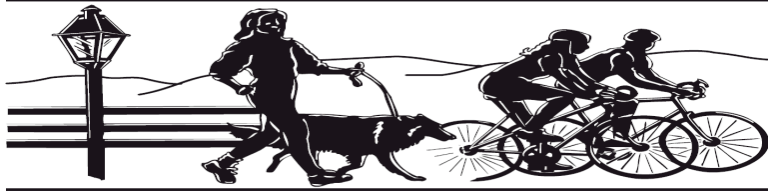


Amana Kolonieweg

Amana Colonies Recreational Trail



ticket Pick-up (*Old Appliance*) 4-7 PM Friday Jan 24th
ticket Pick-up (*Building*) 8:30-9:30 Saturday (race day)
race Begins 10:00 AM
presentation of Awards & Prizes 11:00 AM

Registration

takes place in the OLD Amana General Store Appliances building,
behind the Amana Woolen Mill.

Race Course

starts and finishes on 48th Ave in front of the Amana Woolen Mill.
The race will take participants to East Amana and back to Amana.

Run Divisions ~ Both men & women

4 and Under, 15-19, 20-29, 30-39 40-49, 50-59, 60 and Up
wards

Overall Male Champion

Overall Female Champion

First, Second & Third Place for Each Age Division

re-Register by: **January 20th, 2014.** Walk-up

registrants welcome.

fee: \$20 by January 20 / \$25 after January 20 Make check payable to
Amana Colonies Trails.

Send with completed registration form by January 20 to: Amana Colonies
Trails PO Box 42 Amana, IA 52203.

Entry fee is non-refundable and must accompany registration form.

Direct questions to: KYLMK@aol.com

Proceeds will benefit the Amana Kolonieweg Recreation Trail

Freezer Run

Saturday, January 25, 2014
Amana, Iowa
5K Run/Walk 10:00AM

2014 Freezer Run 5K RUN/WALK REGISTRATION FORM

Or Enter online at: www.GetMeRegistered.com/AmanaColoniesFreezerRun

Name _____

E-Mail _____

Address _____

Phone _____

Division(Circle) Male Female

Date of Birth ____ / ____ / ____

Please indicate whether you'd like a bag from the meat market or shirt
you'd like a shirt, circle which size. __Meat Market Bag __Long Sleeve

Circle: Small Medium Large X-Large XX-Large

All entries received by January 20 will receive a Meat Bag or Shirt
Participants who register after January 20, will receive something
long as supplies last.

WAIVER: I recognize the risks involved in any athletic event and hereby waive, release and hold harmless all sponsors, contributors, supporters, volunteers and officials associated with the race event, from any and all liability, claims and rights for damages from injuries growing out of, relating arising from participating in the Amana Freezer Run / Walk. I further certify that I have full knowledge of the risks involved in this event and that I am physically fit to participate. If, however, I do require attention as a result of my participation in the above mentioned activities, I authorize the medical personnel associated with said events to provide such medical care as is deemed appropriate by the medical personnel.

Participant Signature (parent or legal guardian if under 18) _____

Date _____

Emergency Contact Name & Number _____

Where You Have the Right to B - FIT
FitnessSports
7220 University Ave. Winston-Salem, NC 28604
910.277.4768 Fax 910.277.3884 or 800.526.7684