



In Memory of SSG Marc J Small



Saturday, August 2, 2014 8:30 a.m.
Lower Providence Fire Dept. – Eagleville, PA

Registration begins at 7:30 a.m., race begins at 8:30 a.m. and walk begins at 8:35 a.m.

All Proceeds will be donated to “Small Steps in Speech”

Marc’s Story *(written by his sister & founder of On Your Marc, Megan MacFarland)*

On February 12, 2009, my brother and Lower Providence resident, SSG Marc J. Small, was killed in action in Afghanistan. He was a Special Forces Medic serving with the United States Army. His unexpected passing has been a tragedy to our family, but we know he would have wanted us to continue his memory in positive aspects. “Small Steps in Speech” is a foundation started by Marc’s fiancée, Amanda Charney, to assist children with communicative disorders. Since its inception 5 ½ years ago, On Your Marc has raised over \$164,000 for Small Steps in Speech in order to help children with the “small steps” needed to improve their speech.

So, please join us, have fun and help out this important foundation.

Don’t forget: We have Doggie and Team Registrations!!

Registration: Online at www.lowerprovidence.org - click on: “On Your Marc” 5K run/walk, **OR** Complete form on back & mail to: **“Lower Providence Township c/o On Your Marc”**
100 Parklane Drive
Eagleville PA 19403

Race Directors: Wendy Christie and Mary MacFarland – onyourmarc8@yahoo.com - 610-409-8143

Course Description: An accurate, measured 5K course starting at the Lower Providence Fire Department continuing through Eagleville Park and Lower Providence Township. 2 mile walking course.

Amenities: Water stop on course, food, refreshments & entertainment at finish. Instant results at finish, and results posted on www.pretzelcitysports.com in 24-48 hours. Plenty of parking is available at the Lower Providence Fire Department grounds.

- Awards:**
- Top male & female *overall*.
 - Top 2 males and females in the following age groups:
7 - 14 15-19 20-29 30-39 40-49 50-59 60+
 - Team that raises the most money receives a team prize.

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Directions: [Lower Providence Fire Department– 3199 Ridge Pike, Eagleville, PA 19403](#)

From Norristown: West on Ridge Pike toward Eagleville. Fire Department will be on your right.
(Corner of Ridge Pike and West Mt. Kirk Ave.)

From Collegeville: East on Ridge Pike toward Eagleville. Fire Department will be on your left.
(Corner of Ridge Pike and West Mt. Kirk Ave.)

Registration & Fees: by mail or at www.lowerprovidence.org/events

\$20.00 Early Bird Registration if registered before **July 1, 2014**

\$25.00 before **July 22, 2014** (T-shirt included)

\$30.00 from **July 22, 2014 on (including race day)** (T-shirts while supplies last)

\$15.00 Doggie Registration – (Bandana included)

FREE: Children 6 and under; registration not required

Early Check-in: Friday, August 1st, 5:00 p.m. to 7:00 p.m. at the Fire Dept.

Race Day Check-in: Saturday, August 2nd, beginning at 7:30 a.m. at the Fire Dept.

Your tax-deductible donation is greatly appreciated!

Last Name: _____ **First Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: (____) _____ **Email:** _____

Sex: M F **Race Day Age:** _____ **Date of Birth:** ____/____/____

Runner **Walker** **Dog Registration** **Shirt Size:** YL - S - M - L - XL

Team Name (If applicable): _____ **Team Donation Only**

Name of Team Captain (If applicable): _____

Dog Name (if applicable): _____

My dog is well socialized and can handle large groups. I agree to keep the dog on a leash during the walk as well as on the grounds of the Lower Providence Fire Department

Make check payable to: "Lower Providence Township c/o On Your Marc", [100 Parklane Dr., Eagleville, PA 19403](#)

I hereby acknowledge that participation in a road race is an inherently dangerous activity. I understand that risks include serious injury or death, from such hazards as weather conditions, falls, contact with the road, motor vehicle traffic, contact with other participants, and other potential hazards. I acknowledge that I should not enter or participate in this event unless I am medically able and properly trained.

Race Entry Fee Enclosed \$ _____

SIGNATURE: _____

(Parent or guardian signature if under 18)

Additional Donation Enclosed \$ _____

DATE: ____/____/2014

Total Enclosed \$ _____

____ I am unable to participate, but enclosed is my donation.