

Mike or Helen
Tel: 479-9371
Fax: 479-8621

M & H Fish Market
5051 HIGHWAY #7 - STORE #9 - MARKHAM, ONT.

WHOLESALE and RETAIL

- PARTY PLATTERS BY ORDER
- LIVE LOBSTER
- FRESH & FROZEN SHRIMPS & FISH

MARKVILLE MALL HWY. #7
McCOWAN RD. N
S

Prepare Yourself at

SPORTS

3275 Highway #7 East
Markham, Ontario
905-305-8366

Good luck to the Markham Stouffville Hospital and to all the participants

GRAND & TOY

Time. Money. We save you both!

"For all your office & school supplies"

5000 Hwy. #7
Markville Mall
905-477-6660

UNIONVILLE APPLIANCE

All Makes and Models
Service • Parts

- FREE** Telephone Estimates
- 50% OFF** on Service Calls
- 50% OFF** on Parts purchased in store.

176 Bullock Drive., Unit 4
472-0021



8515 McCowan Rd.
(at Hwy. #7)

905-294-0134

SEAWAY

- POOLS • BILLIARDS
- HOT TUBS

Best of Luck to all runners

294-8030

COLDWELL BANKER

COVENTRY
Real Estate

50 Anderson Ave., Suite 8
Markham, Ont., L6E 1A6

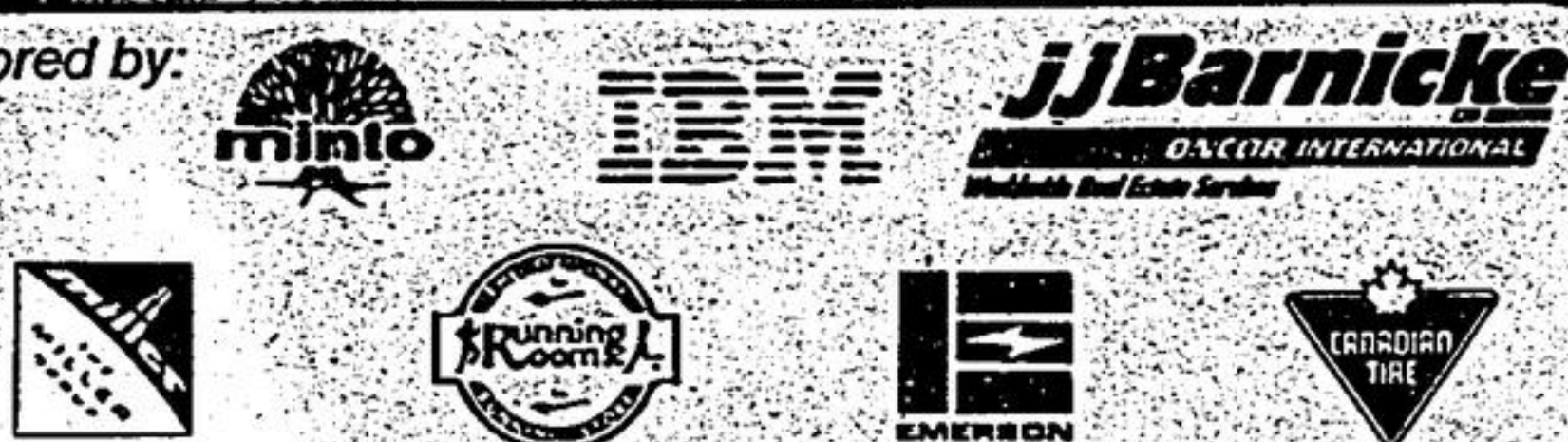
905
472-2200

LEGACY 5 KM RUN/WALK

Sunday, April 25, 1999, 10:00 a.m.

Legacy Community at 9th line and 4th Avenue, Markham
Proceeds to Markham Stouffville Hospital Diagnostic Imaging Services

Sponsored by:



ECONOMIST & SUN, STOUFFVILLE TRIBUNE

In Support of



For more information please contact the Run "Hotline" at (905) 472-7373 ext. 3949

PLEDGE FORM

NAME _____ Apt. No. _____
 ADDRESS _____ POSTAL CODE _____
 CITY _____ COMPANY or SCHOOL NAME _____
 HOME TEL / BUS TEL _____
 SPONSER'S NAME ADDRESS/CITY POSTAL CODE COLLECTED PLEDGED CASH/CHEQ. RECEIPT RECD.
 John Smith (Sample) 55 John Street M5V 3P6 \$25.00 \$25.00 Cash Yes

TOTAL \$ COLLECTED _____

Fundraisers Signature _____

Date: _____ Amount Forwarded: _____ This form may be photocopied
 PLEASE PHOTOCOPY AND DISTRIBUTE TO YOUR TEAMMATES. PRIZES WILL BE AWARDED TO CORPORATE TEAMS IN VARIOUS CATEGORIES. ALL TEAM PRIZES WILL BE MAILED TO THE ABOVE ADDRESS 5-8 WEEKS FOLLOWING RECEIPT OF PLEDGE SHEET. PLEASE MAKE CHEQUES PAYABLE TO MARKHAM STOUFFVILLE HOSPITAL FOUNDATION. CONTRIBUTIONS OF \$10 OR MORE WILL AUTOMATICALLY RECEIVE A RECEIPT. PLEASE BRING SHEETS AND MONEY WITH YOU ON RUN DAY OR DROP OFF AT THE MARKHAM STOUFFVILLE HOSPITAL FOUNDATION.

Please print	Date	Name	Signature
Team Captain (1)			
Runner 2			
Runner 3			
Runner 4			
Runner 5			
Team Name			

Corporate Team Criteria: * Minimum/maximum 5 members per team (all male, all female, co-ed)
 * All declared members must finish the race * Co-ed teams must have a minimum of 2 members from opposite gender to be eligible * Corporate team entry fee is \$200.00 per team. Each member will receive Corporate name acknowledgment on site along with certificate and t-shirt.

ENTRY FORM

PLEASE COMPLETE ENTRY FORM AND SIGN THE WAIVER

RUN WALK Cheque payable to: Markham Stouffville Hospital Foundation

NAME: (Last) _____
 (First) _____

DATE OF BIRTH: Y _____ M _____ D _____

SEX: M F AGE: _____

ADDRESS: _____

City: _____

Prov: _____

P Code: _____

School Name: _____

Elementary Secondary

PHONE: (H) _____

(W) _____

PAYMENT METHOD: Amount Paid \$ _____

AMEX VISA MC

Cash Cheque Other

Card _____

Expiry Date Y _____ M _____ Note: NO REFUNDS

Cash or Cheque only at local Running Room Stores

Release, Waiver, and indemnity in consideration of the acceptance of my application and the permission to participate as an entrant or competitor in the Legacy 5K Run/Walk, (or myself my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE the participating races and sponsoring companies, the claims, demands, damages, costs, expenses, action, and causes of action whether at law or equity, in respect of death, injury, loss or damage, or impairment or disability HOWSOEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as a spectator, participant, competitor or otherwise; whether prior to, during, or subsequent to the event AND NOTWITHSTANDING that the same may have been contributed to or occasioned by the negligence of any of the aforesaid. I HEREBY UNDERTAKE TO HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY all of the aforesaid from and against any or all liability incurred by any or all of them arising as a result of or in any way connected with my participation in this event. BY SUBMITTING THIS ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD, AND AGREE TO the above WAIVER, RELEASE AND INDEMNITY. I WARRANT that I am physically fit to participate in this event.

SIGNATURE _____

PARENT/GUARDIAN (IF UNDER 18 YRS)

Race Kit Pick-Up at one of the following locations:

LANSING BUILDALL
 Good Luck to all the runners

8651 McCowan Road North
 Markham, L3P 4H1
 Tel: 905-294-5200
 Fax: 416-798-7376

It is Our Pleasure to Serve
The School Fine Dining
 • Piano Lounge
 • Meetings
 • Banquet Facilities
 4121 - 14th Avenue, Unionville 477-1161