COLDWELL BANKER
COVENTRY
Real Estate
50 Anderson Ave., Suite 8
Markham, Ont., L6E 1A6
905
472-2200

Steak House & Pub
Father's
8515 McCowan Rd
(at Hwy. #7)
905-294-0134

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

Who do you turn to?
Dixon-Garland
Funeral Home
Dixon Funeral Home Ltd.
166 Main Street North
Markham, ON L3P 1Y3
905-294-2030

TOROMARK
Hwy. #7, just west of Hwy. #48 in the IGA Plaza
Wishing
Markham Stouffville
Hospital
All the Best
294-2581

SEAWAY
• POOLS • BILLIARDS
• HOT TUBS
Best of Luck
to
all runners
294-8030

UNIONVILLE APPLIANCE
All Makes and Models
Service • Parts
FREE Telephone Estimates
50% OFF on Service Calls
10% OFF on Parts purchased in store
176 Bullock Drive., Unit 4
472-0021

LEGACY 5 KM RUN/WALK

Sunday, April 25, 1999, 10:00 a.m.
Legacy Community at 9th line and 14th Avenue, Markham
Proceeds to Markham Stouffville Hospital Diagnostic Imaging Services

Sponsored by: minto, IBM, JJ Barnicke, Oxtor International, Running Room, Canadian Tire, Emerson

ECONOMIST & SUN, STOUFFVILLE TRIBUNE

in Support of Markham Stouffville Hospital

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

PLEDGE FORM

NAME _____
ADDRESS _____ Apt. No. _____
_____ POSTAL CODE _____
HOME TEL/BUS TEL _____ COMPANY or SCHOOL NAME _____

SPONSER'S NAME	ADDRESS/CITY	POSTAL CODE	COLLECTED	PLEDGED	CASH/CHEQ.	RECEIPT REQD.
(Jim Smith (Sample))	55 John Street	M5V 3P6	$25.00	$25.00	Cash	Yes

TOTAL $ COLLECTED _____

Fundraiser's Signature _____
Date _____ Amount Forwarded: _____ This form may be photocopied

USE, PHOTOCOPY AND DISTRIBUTE TO YOUR TEAMMATES. PRIZES WILL BE AWARDED TO CORPORATE TEAMS IN VARIOUS CATEGORIES. ALL 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 PLEDGES 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 WAVER

☐ 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 I, for myself, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE the sanctioning bodies and sponsoring companies, the claims, demands, damages, costs, expenses, action, and causes of action whether in law or equity in respect of death, injury, loss or damage to my person or property 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 AGREED 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:

April 21 - 23	10:00 a.m. - 8:00 p.m.	Running Room (Yonge Street Store)
April 24	10:00 a.m. - 6:00 p.m.	Running Room (Yonge Street Store)
April 21 - 23	8:30 a.m. - 4:30 p.m.	Markham Stouffville Hospital
April 24	10:00 a.m. - 5:00 p.m.	Markham Stouffville Hospital

CANADA'S STORE CANADA'S STYLE
Best of Luck
To All The Runners
Markville Shopping
Centre
513-1770

MAIN DRUG MART

• PATIENT COUNSELLING • (PRESCRIPTION INFORMATION SERVICE)
• FREE DELIVERY SERVICE
HOME HEALTH CARE, SURGICAL SUPPORTS & SPORTS AID PRODUCTS
RESPIRATORY DEVICES
NATURAL REMEDIES
305-6600
Mon.-Fri. 9:00 a.m. - 8:00 p.m.
Sat. 9:30 a.m. - 3:00 p.m.
Sun. Closed

It is Our Pleasure to Serve
The School Fine Dining

• Piano Lounge
• Meetings
• Banquet Facilities
4121 - 14th Avenue, Unionville
477-1161