



When and Where:

Date: Saturday, May 31st, 2008
Time: 9:30 am

This race takes place at Cedar Springs Health Racquets and Sportsclub: 960 Cumberland Ave. Burlington.

2K Run, 5K Run 8K Run, Team of 4 Relay (2K)

Registration Fees:

\$30.00 for the 5k & 8K until May 21
\$35.00 thereafter
\$15 for 2K until May 31
\$40 for Team of 4 Relay until May 31

The first 400 that enter the event will receive a free technical shirt.

Medals and awards to the overall male and female in 5 and 8k races plus masters male and female. The top 3 in each age category in 5 year increments receive a medal. Lots of great prizes from Advanced Rejuvenation Medical Spa

Cheques, Visa, Mastercard and AM/EX may be sent to: VR Pro 561 Brant Street, PO Box 85030, Burlington L7R 4K3

Or drop off to any Running Room location

Call 905-639-8053 or fax 905-639-2950 or email vrpro@sympatico.ca



Race Kit Pickup and Registration:

On Friday may 30th at the Burlington running room from 11 until 4:00 pm
On Saturday (race day) from 8 till 9:30 at Cedar Springs health racquets and sports club Barbeque, beer and pool party following the races, bring your bathing suits.

Team Diabetes

Team Diabetes participants not only increase public awareness of the disease, they inspire their communities to get active and involved. They create lifestyle changes that reduce the risk of obesity and type 2 diabetes, while raising funds in support of the research, education, advocacy, and programming that the Canadian Diabetes Association delivers in communities across Canada. Team Diabetes participants are local heroes working to prevent diabetes at home and abroad.

Team Diabetes programs allow you to walk or run in world-class marathon events in fascinating cities both nationally and throughout the World.

Upcoming Races:

Karmel Sakran Law Office Canada Day Race
5k July 1st
Eaton Electrical Downtown Dash
5 and 10k July 24th
Stryker Waterfront Trail 5k, 8k
double crown September 6th

Register online at www.vrpro.ca or www.runningroom.com or call (905) 639-8053 or email vrpro@sympatico.ca

Summer Sizzle Registration Form

Name: _____ Phone Number: _____
Address: _____ Postal Code: _____
City: _____ Fax: _____ Email: _____ Sex: _____ Age: _____ PSN/BIB: _____
 5K \$30 until May 21 8K \$30 until May 21 2K \$15 until May 21 Team of 4 Relay \$40 until May 31
 5K \$35 thereafter 8K \$35 thereafter
Total \$ _____ Visa Mastercard AMEX Cash Cheque **Sorry no refunds!**
Card Number _____ Expiry Date: _____
Signature: _____

Instructions / Rules:

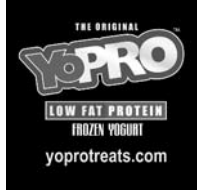
- 1. Please make cheques payable to VR Pro
 - 2. Fax to 905-639-2950 or
 - 3. Mail to VR Pro: 561 Brant St., P.O. Box 85030, Burlington, L7R 4K3 or
 - 4. Drop off at The Running Room at the following locations:
Oakville: 156 Lakeshore Blvd.; Burlington 3300 Fairview St. Unit 6c
Hamilton: 1457 Main West or any other Running Room location.
5. Or enter on-line @ www.vrpro.ca or www.runningroom.com
- Amateur Athletic Waiver and Release of Liability:**
I am participating at my own risk and waive all claims of every nature against the organizers, officials, sponsors, and any other participating agencies in respect to any personal loss, illness, bodily injury or death resulting from participating in these activities. I also fully understand the rigors of such a competition and I have prepared myself physically for the race. At the time of registration, I will inform the race organizers regarding any relevant medical condition. I agree to follow the rules which govern road racing. I the undersigned have read the above waiver and release, and understand that I have given up substantial rights by signing it, and sign it voluntarily.

Questions or comments, please email: vrpro@sympatico.ca

Special thanks to our Sponsors!



Giving you Smart Options!



Driving growth



Pledge Sheet		\$ Pledged
Participant Name: _____		
Address: _____		
(Please add another sheet if more space is required. Please print clearly so we can issue receipts as required).		
Name: _____	Address: _____ Tel: _____ Postal Code: _____	
Name: _____	Address: _____ Tel: _____ Postal Code: _____	
Name: _____	Address: _____ Tel: _____ Postal Code: _____	
Name: _____	Address: _____ Tel: _____ Postal Code: _____	
Name: _____	Address: _____ Tel: _____ Postal Code: _____	
Name: _____	Address: _____ Tel: _____ Postal Code: _____	
Name: _____	Address: _____ Tel: _____ Postal Code: _____	
FOR OFFICE USE ONLY:		Total:
amount received: \$ _____		receiver's initial: _____

