



When and Where:

Sunday, November 25th, 2007
Shalom Village, 70 Macklin St., Hamilton L8S 3S1

Time:

9:00 am 5k non-competitive walk start for Shalom Village
9:30 am 1k non-competitive walk start
9:50 am 10k run start
10:00 am 5k run start

Registration Fees:

	10K	5K run	5K walk	1K	Family Rate
Early Bird (until Nov. 10)	\$30.00	\$30.00	\$18.00	\$18.00	_____
Regular	\$35.00	\$35.00	\$18.00	\$18.00	\$75.00

Race Kit Pickup:

Saturday, November 24th, 2007
from 11:00 a.m. until 4:00 p.m.
at the Hamilton Running Room
on 1457 Main Street

Race Day

from 8:00 to 9:30 a.m.
at Shalom Village

Distances:

5k and 10k through Scenic pier 4 at Bay street

T-Shirts / Medals

The first 300 runners that enter the event will receive a free t-shirt except for the 1K and 5k walking events. Walkers and spectators may purchase a t-shirt for this event for \$10.00.

First, second & third male & female
in each age category in 5 year increments receive
a medal in 5k and 10k running races.



For further information and Results

The Running Room or at VRPro at 905-639-8053
or fax 905-639-2950 or e-mail vrpro@sympatico.ca
or www.vrpro.ca or www.runningroom.com.

Contact Info for Walkers

Greg Almas, Director of The Club Fitness Centre
phone: (905) 529-1613 x220
fax: (905) 529-7542 attn: The Club,
greg@shalomvillage.on.ca

The course will be managed by representatives of:
T.B. Radio Communications Incorporated, Hamilton
Police, VR Pro and individual volunteers. Please
follow their instruction. We are grateful for their
assistance.

Shalom Village

The Club Fitness Centre at Shalom Village relies on
the Hannukah Hustle to raise funds for its active living
programs. The Club is a fully staffed, state-of-the-art
fitness centre for people over the age of 70. Residents and
members from the community benefit from regular
exercise specifically tailored to their individual needs
and abilities. Call (905) 528-5103 ext. 220 or visit
www.shalomvillage.on.ca for more information.

Upcoming Events:

The Cedar Springs Pharmacy Jingle Bell 5k Race
December 9th
Emmas Backporch, Burlington

The Chilly Half Marathon and Frosty 5k
March 2nd, 2008
Downtown Burlington

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

Hannukah Hustle Registration Form

Name: _____ Phone Number: _____
 Address: _____ Postal Code: _____
 City: _____ Fax: _____ Email: _____ Sex: _____ Age: _____ PSN/BIB: _____
 10K \$30 until Nov.10/07 \$35 thereafter 5K \$30 until Nov.10/07 \$35 thereafter 5K Walk \$18 1K \$18 \$75 family rate
 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

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

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.

Special thanks to our Sponsors!



Paul Davis Systems
Restoration Specialists



		\$	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: amount received: \$ _____ receiver's initial: _____			Total:



Sunday, November 25th, 2007

Shalom Village, Hamilton

www.shalomvillage.on.ca Sponsored by:

