

Please Print or Type Clearly

2017  
COMPANY TEAM APPLICATION  
38<sup>th</sup> ANNUAL PHILADELPHIA BAR ASSOCIATION  
5K RUN/WALK  
SUNDAY - MAY 21, 2017 - 8:30 A.M.

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL FOR CONTACT: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TEAM NO. \_\_\_\_\_ OF \_\_\_\_\_

NAME (PLEASE PRINT CLEARLY- First name, middle initial and last name)

*Member of  
Phila Bar Assn*

| NAME     | AGE | GENDER | YES | NO |
|----------|-----|--------|-----|----|
| 1. _____ |     |        |     |    |
| 2. _____ |     |        |     |    |
| 3. _____ |     |        |     |    |
| 4. _____ |     |        |     |    |
| 5. _____ |     |        |     |    |

PLEASE BE SURE TO COMPLETE ALL THE ABOVE INFORMATION. **ONCE FORM IS PROCESSED, NO SUBSTITUTIONS WILL BE PERMITTED.**

\* Note-Each team must have a minimum of three (3) members.

PLEASE ENCLOSE **\$250.00** ENTRY FEE PER TEAM WHICH INCLUDES THE INDIVIDUAL FEES FOR UP TO FIVE (5) TEAM MEMBERS. MINIMUM OF THREE (3) MEMBERS NEEDED FOR EACH TEAM.. MAKE CHECK PAYABLE TO "SUPPORT CENTER FOR CHILD ADVOCATES." **EMAIL FORMS TO MAGGIE LOZADA, [mlozada@crbcp.com](mailto:mlozada@crbcp.com)**. MAIL OR DELIVER TO: MICHAEL J. BERKOWITZ, ESQ., CAESAR RIVISE, PC, 12<sup>th</sup> FLOOR, SEVEN PENN CENTER, 1635 MARKET STREET, PHILADELPHIA, PA 19103-2212 (PHONE: 215-567-2010).

TEAM APPLICATIONS **MUST** BE RECEIVED WITH COMPLETED INDIVIDUAL APPLICATIONS FOR EACH TEAM MEMBER BY FRIDAY, MAY 12, 2017. NO TEAM ENTRIES OR CHANGES TO ENTRIES WILL BE ALLOWED AFTER THAT DATE. REGISTRATION BY MONDAY, MAY 12, 2017 MEANS EACH OF YOUR FINISHING TEAM RUNNERS WILL RECEIVE A FREE TEAM COMPETITOR T-SHIRT IN ADDITION TO THE CUSTOMARY SHORT-SLEEVE ALL COTTON T-SHIRT.

The following age group categories will be used for both genders. All participants must be bona fide full-time or part-time employees of the company.

|              |             |
|--------------|-------------|
| 19 and under | 50-59       |
| 20-29        | 60-69       |
| 30-39        | 70-79       |
| 40-49        | 80 and over |

Place will be determined on the basis of company team competition only, not overall competition in race.

Best place numbers of best three (3) competitors on each team in their respective classification will be used for team total in standings of team. Team with the lowest total wins.

**One Form per Person (*please only check one*):**

- I am a Philadelphia Bar Association Member and am entering the Bar Association  
5K Run Competition
- 5K Run – Individual
- 5K Walk – Individual

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone (h): \_\_\_\_\_

Employer: \_\_\_\_\_ Phone (w): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_ Gender:  M  F

***Please read carefully:*** In consideration of my acceptance of this entry, I hereby agree for myself, my heirs, my executors and administrators to waive any and all rights and claims for damages I may have against the event organizers, including the Philadelphia Bar Association and the Support Center for Child Advocates, volunteers and officials, USATF, the City of Philadelphia, its officers, employees and agents, the event sponsors, coordinating groups and individuals associated with the event, their representatives, successors and assigns and will hold them harmless for any and all injuries I may suffer in connection with said event. Also, none of the above is responsible for the loss of personal items or any other form of aggravation in connection with said event. I have been warned that I must be in good health to participate in this event. I give permission for the free use of my name and picture in any broadcast, telecast, electronic or print media account of this event. I also hereby consent to permit emergency treatment in the event of injury or illness.

Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

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