

Please Print or Type Clearly

2018
CORPORATE TEAM APPLICATION
39th ANNUAL PHILADELPHIA BAR ASSOCIATION
5K RUN/WALK
SUNDAY - MAY 20, 2018 - 8:30 A.M.

CORPORATE 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** AND MAIL OR DELIVER ORIGINAL COMPLETED FORM AND CHECK TO: MICHAEL J. BERKOWITZ, ESQ., CAESAR RIVISE, PC, 12th 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 11, 2018. NO TEAM ENTRIES OR CHANGES TO ENTRIES WILL BE ALLOWED AFTER THAT DATE. REGISTRATION BY FRIDAY, MAY 11, 2018 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

Individual finishing placement will be determined with regard only to other competitors in the corporate team competition, not overall competition in race.

Best place numbers of the best three (3) competitors on each team in their respective age groups will be used to calculate the team total for standings in the corporate team competition. The 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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