

**NATIONAL POLICE CHALLENGE
50-KILOMETER RELAY RACE
MAY 14, 2004
APPLICATION**

TEAM NAME:

DEPARTMENT/AGENCY:

OFFICE/DIVISION/STATION:

Number of personnel in Office/Division/Station: _____

RACE CATEGORY: (SELECT ONE)

- OPEN -- Runners are any age, any gender, and from any agency
- MIXED - Minimum 3 female runners on team
- WOMEN - all 10 runners are female
- 400 - Ages of runners totals 400 or more
- OPEN - SWORN - Runners are sworn peace officers from any agency
- 250 - SWORN - Runners are sworn peace officers from agencies w/ less than 250 sworn personnel.

TEAM CAPTAIN
LAST NAME: _____
FIRST NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: (_____) _____ - _____
FAX: _____
EMAIL: _____
Do you check email at least twice a week? ___Yes ___No

TEAM CO-CAPTAIN
LAST NAME: _____
FIRST NAME: _____
ADDRESS: _____
(IF NOT SAME)
CITY: _____
STATE: _____ ZIP: _____
PHONE: (_____) _____ - _____
FAX: _____
EMAIL: _____
Do you check email at least twice a week? ___Yes ___No

<u>24 HOUR EMERGENCY CONTACT NUMBER:</u> (for use during race)	
WATCH COMMANDER, DUTY DESK	NUMBER:
DISPATCH	(_____) _____ - _____
OTHER: _____	INCLUDE AREA CODE

REGISTRATION FEE = \$500.00

PLEASE ENCLOSE ONE CHECK OR MONEY ORDER IN THE AMOUNT OF \$500.00 PAYABLE TO: "NPC-50"
MAIL TO: USSS-ERA (NPC-50) P.O. BOX 710333; OAK HILL, VA 20171-0333

APPLICATION DEADLINE: APRIL 5, 2004

APPLICATIONS RECEIVED AFTER APRIL 7 - \$550 REGISTRATION FEE **NO EXCEPTIONS**

Team Name:

Department/ Agency:

**IF YOUR TEAM WILL RUN IN MEMORY OF A FALLEN OFFICER, PLEASE
NOTE THE OFFICER'S NAME AND DATE OF DEATH**

RUNNING IN MEMORY OF:

NAME: _____

TITLE: _____

DEPARTMENT: _____
(IF NOT THE SAME)

DATE OF DEATH: _____

RUNNING IN MEMORY OF:

NAME: _____

TITLE: _____

DEPARTMENT: _____
(IF NOT THE SAME)

DATE OF DEATH: _____