## 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	TEAM CO-CAPTAIN					
LAST NAME:	LAST NAME:					
FIRST NAME:	FIRST NAME:					
ADDRESS:	ADDRESS: (IF NOT SAME)					
CITY:	(IF NOT SAME)  CITY:					
STATE: ZIP:	STATE: ZIP:					
PHONE: (	PHONE: (					
FAX:	FAX:					
EMAIL:  Do you check email at least twice a week?YesNo	EMAIL:					
24 HOUR EMERGENCY CONTACT NUMBI WATCH COMMANDER, DUTY DESK DISPATCH OTHER:	ER: (for use during race)  NUMBER: () 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\*\*

## **NPC-50 RUN PLAN**

INITIAL DUE: April 19 FINAL DUE: May 7
(\*asterisk\* all changes on final)
FAX TO:

Tear	n Name	:					70	03/904-8611
Department/Agency:						team #		
Team Captain: Tel #( ) -								
		Tel	el #( ) -			(OFFICIAL USE)		
Divis:	ion: OPI one)	EN MIXED	WOMEN		00* OP:	EN-S	SWORN	250-SWORN
	LEG	NAME (last, fi	rst)		GENDER (M/F)	4	DOB* .00 Division only	RACE # (official use)
	1.						•	
	2.							
	3.							
	4.							
	5.							
	6.							
	7.							
	8.							
	9.							
	10.							
ALTE	ERNATE	S:						
NAME (last, first)		GENDER		DOB (400 Division only)				
1.								
2.								
Each team will receive 12 T-shirts, one for each runner and alternate. Please note number needed in each size.								

12 TOTAL

Team Na	ime:		
Departn	nent/Agency:		
IF YOUR	TEAM WILL RUN IN MEMORY OF A FAL NOTE THE OFFICER'S NAME AND DAT	· · · · · · · · · · · · · · · · · · ·	SE
	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:		