

PHILADELPHIA BAR ASSOCIATION

27th Annual

5K Run/Walk

Sunday May 21, 2006



All proceeds benefit the Support Center for Child Advocates!

8:30 A.M. 5K RUN

8:35 A.M. 5K WALK

**MARTIN LUTHER KING DRIVE
(WEST RIVER DRIVE)
PHILADELPHIA, PA**

Entry Form/Fees

5k RUN Individual: \$20 if postmarked by May 17, 2006, and in person May 18-19, 2006; \$25 day of event.

5k RUN Philadelphia Bar Association Members: \$35 if postmarked by May 17, 2006, and in person May 18-19, 2006; \$50 day of event.

5k WALK Individual: \$15.

5k WALK Family: \$50 (For immediate members of same family).

Make Checks Payable to: Support Center for Child Advocates

Return Application and Entry Fee to:

Runner's Advocate
Philadelphia Bar Association 5k
2005 Country Club Drive
Doylestown, PA 18901

Registration also available on-line until May 19, 2006, at:
www.active.com

Must Check Only One: 5k Run
 I am a Philadelphia Bar Assn. Member and am entering the Bar Association 5k Run Competition.
 5k Walk-Individual 5k Walk-Family

Please Print:

Last Name _____ First _____ M.I. _____

Number and Street Address _____ Suite/Apt. _____

City _____ State _____ Zip _____

Area Code & Phone (Home) _____ (work) _____

E-Mail Address _____

Employer's Name _____

Date of Birth _____ Age on Race Day _____ Sex M F

Additional Participating Family Member _____

Additional Participating Family Member _____

Additional Participating Family Member _____

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 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 are responsible for the loss of personal items or any other form of aggravation in connection with said event. I have been warned 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 or print media account of this event. I also hereby consent to permit emergency treatment in the event of injury or illness.

Signature (Participants over Age 18) _____ Date _____

Signature (Participants over Age 18) _____ Date _____

Signature (Participants over Age 18) _____ Date _____

Parent's/Guardian's Signature for entrants under 18 years of age. _____ Date _____

NO REFUNDS—THE OFFICIAL RUN/WALK DIRECTOR RESERVES THE RIGHT TO REJECT ANY ENTRY.

Pledge Form

Make all checks payable to **Support Center for Child Advocates**. All participants are encouraged to collect their pledges in advance and bring them to the event.

This form is for your use only.
Please retain for your records and acknowledgments.

Name of Participant _____

	Sponsor's Name e.g., Mary Walker	Amt. e.g., \$25	Rec'd. ✓
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16	Company Matching Donation?		
		Total	

Please call 215-567-2010 for additional pledge forms, or photocopy above form as needed.

Bring your collected pledges to the event, or mail or deliver in person to: Caesar, Rivise, Bernstein, Cohen & Pokotilow, Ltd.
5K Run • 11th Floor • 7 Penn Center
1635 Market Street • Philadelphia, PA 19103