## THE SIXTH ANNUAL NATIONAL POLICE CHALLENGE **50-KILOMETER RELAY** MAY 13, 2005 **APPLICATION**

OFFICE/DIVISION/STATION
n/Station:
,
ny gender, and from any agency
nners on team
1

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:	TEAM CO-CAPTAIN LAST NAME:
FIRST NAME:	FIRST NAME:
ADDRESS:	ADDRESS:
CITY:	CITY:
STATE: ZIP:	STATE: ZIP:
PHONE: ()	PHONE: ()
FAX:	FAX:
EMAIL: Do you check email at least twice a week?YesNo	EMAIL: Do you check email at least twice a week?YesNo
24 HOUR EMERGENCY CONTACT NUME WATCH COMMANDER, DUTY DESK	<u>BER: (</u> for use during race) 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 1, 2005**

APPLICATIONS RECEIVED AFTER APRIL 4th - \$550 REGISTRATION FEE \*\*NO EXCEPTIONS\*\*

## SAMPLE CONFIRMATION OF ASSIGNMENT

(due April 22)

# (AGENCY OR DEPARTMENT LETTERHEAD)

NPC-50 Race Committee c/o U.S. Secret Service Employee Recreation Association P.O. Box 710333 Oak Hill, VA 20171-0333

To Whom It May Concern:

The following twelve NPC-50 runners and alternates have been assigned to (division name) since February 15, 2005 and will remain so assigned through May 13, 2005:

1.

2.

3.

4.

5.

6.

7.

8. 9.

). 10.

11.

12.

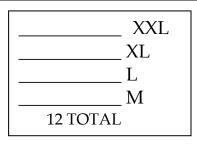
Signed,

(Name) (Title)

	NPC-50 RUN PLAN			FII	<b>FIAL DUE: Ap</b> NAL DUE: M	ay 6	
Tean	n Name	:				FAX TO: 703/904-8611	
Depa	artment	/Agency:				-	
Team	Captair	n: Tel #(	) -			team #	
Team	Co-Cap	otain: Tel #(	) -				
		itle of your f, IG or Director:				(OFFICIAL U	SE)
	on: OP	EN MIXED WOMEN	400* O te DOB)	PEN-SV	WORN	[ 250-SWO]	RN
	LEG	NAME (last, first)	GENDER (M/F)		DB* vision lly	RACE # (official use)	
	1.						
	2.						
	3.						
	4.					·	
	5.						
	6.					· · · · · · · · · · · · · · · · · · ·	
	7.						
	8.						
	9.						
	10.						
ALTE	RNATE	S:	1				I

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.



RUN PLAN PAGE 2 OF 2

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:	