

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

TEAM NAME:
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DEPARTMENT/AGENCY:
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OFFICE/DIVISION/STATION:
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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.

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

<b>TEAM CO-CAPTAIN</b>
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 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)



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: \_\_\_\_\_