

The **36<sup>th</sup>** Annual  
**Edwin Krawitz Memorial**  
**Law Day Race Judicata**  
 5—Mile Race & 5K Fun-Run/Walk

*This year's proceeds will benefit the*  
*Valor Foundation Clinic*

**Sunday, April 29, 2018**

**Race will begin at 9:30 am**  
**Rain or Shine**

<p style="text-align: center;"><b>Pre-Registration:</b>  <b>MUST Register by: April 20, 2018</b>          \$15.00 Adult          \$10.00 Children under 18</p> <hr style="border-top: 1px dotted black;"/> <p style="text-align: center;"><b>Registration after April 20, 2018</b>          \$20.00 Adult          \$15.00 Children under 18</p> <p>Please mail registration form and payment to:  <i>Monroe County Bar Association</i>  <i>913 Main Street, Stroudsburg, PA 18360</i>          Please make checks payable to: <b>MCBA</b>  <b>Register online at <a href="http://www.runsignup.com">www.runsignup.com</a></b></p>	<p style="text-align: center;"><b>Day of Event Check-In:</b>          Morey Elementary School          1044 W. Main Street, Stroudsburg, PA 18360  <b><u>CHECK-IN TIMES: 8:00—9:15 AM</u></b></p> <p><b>Start:</b> Morey Elementary School Entrance  <b>Finish:</b> Corner of Main St and Dreher Ave</p> <p>Awards and refreshments will be available back at          Morey Elementary School.</p> <p style="text-align: center;"><i>Dogs are welcome—MUST be on leash at all          times—5K Fun-Run/Walk ONLY</i></p>
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For more information please contact: MCBA Office at 570.424.7288 or [info2@monroebar.org](mailto:info2@monroebar.org)  
 Law Day Race Chair: Steve Krawitz 570.421.7800 or [krawitzesq@usnetway.com](mailto:krawitzesq@usnetway.com)

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**Sunday, April 29, 2018**  
**Race Time: 9:30 am**

Runner's #

In consideration of accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself, by heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against any charity/beneficiary of this event, Monroe Count Bar Association & Stroudsburg School District, Borough of Stroudsburg, Township of Stroud and any and all sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest and verify that I will participate in this event as a footrace entrant, that I am physically fit and have sufficiently trained for the completion of this event, and my physical condition has been verified by a licensed Medical Doctor.

Signature	Date	Parent Signature if under 18 years of age
Last Name	First Name	Phone Number
Address	City	State Zip Email Address

**Please indicate for result scoring and award purposes:**  
 5— Mile Race \_\_\_ 5K Fun-Run/Walk \_\_\_  
 Age: \_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_

**Attorney/ Judge:**  
 Yes: \_\_\_ No: \_\_\_

**Race shirt size**  
 S \_\_\_ M \_\_\_ L \_\_\_  
 XL \_\_\_ XXL \_\_\_  
 1st 100 Runners