

The **37th** Annual Edwin Krawitz Memorial **Law Day Race Judicata** 5—Mile Race & 5K Fun-Run/Walk

This year's proceeds will benefit the
Valor Clinic Foundation

Sunday, April 28, 2019

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

Pre-Registration:
MUST Register by: April 19, 2019
\$15.00 Adult
\$10.00 Children under 18

Registration after April 19, 2019
\$20.00 Adult
\$15.00 Children under 18

Please mail registration form and payment to:
Monroe County Bar Association
913 Main Street, Stroudsburg, PA 18360
Please make checks payable to: **MCBA**
Register online at www.runsignup.com

Day of Event Check-In:
Morey Elementary School
1044 W. Main Street, Stroudsburg, PA 18360
CHECK-IN TIMES: 8:00—9:15 AM

Start: Morey Elementary School Entrance
Finish: Corner of Main St and Dreher Ave

Awards and refreshments will be available back at
Morey Elementary School.

*Dogs are welcome—MUST be on leash at all
times—5K Fun-Run/Walk ONLY*

For more information please contact: MCBA Office at 570.424.7288 or info2@monroebar.org
Law Day Race Chair: Steve Krawitz 570.421.7800 or krawitzesq@usnetway.com

The **37th** Annual
Edwin Krawitz Memorial
Law Day Race Judicata

Sunday, April 28, 2019
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