



# The **42nd** Running of the Edwin Krawitz Memorial **Law Day Race Judicata**

5-Mile & 5k Race/Walk ~ Timed Events!



*Proceeds benefit Pleasant Valley Ecumenical Network  
Summer Meals Program*

Go to <https://pven.net/food/summer-meals-program/> for more information

**April 27, 2025**

**Races begin at 9:00 AM  
Rain or Shine**

**5-Mile or 5K Registration  
Pre-Registration:**

**Register by April 11, 2025**

\$20.00 Adult

\$15.00 Children under 18

**Register after April 11, 2025**

\$25.00 Adult

\$20.00 Children over 18

Please mail registration form and payment to:

*Monroe County Bar Association*

*913 Main Street, Stroudsburg, PA 18360*

Please make checks payable to: **MCBA**

Or call 570.424.7288 to pay by credit card.

*Dogs are welcome—MUST be on leash at all  
times—5k Race / Walk ONLY*

**5-Mile and 5k Race/Walk  
Both Timed! Awards! Prizes!**

*Day of Event Check-In & Start at:*

*Monroe County Bar Association*

*913 Main Street, Stroudsburg, PA 18360*

**CHECK-IN/REGISTRATION: 8:00-8:45 AM**

**Awards/Refreshments at  
Monroe County Bar Association**

1st, 2nd, 3rd Overall Male & Female

1st Overall for Judge/Attorney, Male & Female

1st in Age Groups, Male & Female:

≤19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+

*Questions? Monroe County Bar Association  
570.424.7288 or [info2@monroebar.org](mailto:info2@monroebar.org)*

ON-LINE REGISTRATION AVAILABLE: [www.runsignup.com](http://www.runsignup.com)

The **42nd** Running of the Edwin Krawitz  
Memorial Law Day **Race Judicata**

**Sunday, April 27, 2025**

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 County Bar Association, 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 Run/Walk \_\_\_

Age on Race Day: \_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_

\_\_\_ Up to 19 \_\_\_ 20-29 \_\_\_ 30-39 \_\_\_ 40-49 \_\_\_ 50-59 \_\_\_ 60-69 \_\_\_ 70 &Up

**Attorney/Judge:**

Yes: \_\_\_ No: \_\_\_

**Race shirt size**

S \_\_\_ M \_\_\_ L \_\_\_

XL \_\_\_ XXL \_\_\_

1st 75 Participants