



## WALK REGISTER

DATE AND START TIME OF WALK	
WALK LEADER	
BACK-UP LEADER(S)	
LOCATION OF WALK	
NO. OF VOLUNTEER HOURS	
NO. OF MILES WALKED	

WALKER'S NAME		WALKER'S NAME	
1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	

As a participant on today's walk please ensure that you have read and understood the Health Walk Agreement statement. Your signature indicates you are happy to walk under this agreement.

<b>WEATHER CONDITIONS AND GENERAL COMMENTS</b>