

Walk Register



Location: _____

Time: _____

Day and date of walk: _____

Walk Leader: _____

Back Marker: _____

Please ask the walkers if there are any changes to their health, and if so, ask them to complete a new Walker Registration Form

	Name	I	O		Name	I	O		Name	I	O
1				26				51			
2				27				52			
3				28				53			
4				29				54			
5				30				55			
6				31				56			
7				32				57			
8				33				58			
9				34				59			
10				35				60			
11				36				61			
12				37				62			
13				38				63			
14				39				64			
15				40				65			
16				41				66			
17				42				67			
18				43				68			
19				44				69			
20				45				70			
21				46				71			
22				47				72			
23				48				73			
24				49				74			
25				50				75			

Total walk duration: Shorter option: _____ Longer option: _____

Weather conditions: _____ Number of children: _____

General comments: _____

Did any accidents/incidents take place? Yes / No (If yes, please attach form)

Signed: _____

(Walk Leader)

