***WALKING PROGRAM REGISTRATION FORM***

**PLEASE PRINT**

1. **Name**: (First Name) (Last Name)
2. **Address:**  3. Zip code
3. **County of Residence:**
4. **Telephone Number:**
5. **E-mail Address** (Optional)**:**
6. **What is the best way to contact you? (check one):** 🞎 Email🞎 Phone
7. **Sex:** 🞎 Male🞎 Female
8. **Age Group:** 🞎 Under 20 years 🞎 30-39 years 🞎 50-59 years

 🞎 20-29 years 🞎 40-49 years 🞎 60 years or older

1. **On average, how often do you exercise (check one):**🞎 1 day a week 🞎 Several days a week 🞎 1-4 times a month 🞎 Under 1 time a month
2. **In general would you say your health is:**

🞎 Excellent 🞎 Very Good 🞎 Good 🞎 Fair 🞎 Poor

1. **Emergency contact name & phone number:**