



FAMILY WALKING CHALLENGE

FAMILY WALKING CHALLENGE TRACKING SHEET

Participants Name and Age:

- 1. _____ DOB _____
- 2. _____ DOB _____
- 3. _____ DOB _____
- 4. _____ DOB _____
- 5. _____ DOB _____

Community: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	# of KM for the weeks
1 st Week								
2 nd Week								

TOTAL NUMBER OF KM: _____