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Employee Wellness Walking Club

Walking Club Champion Monthly Participation Tracking Sheet

Send to Employee Wellness by the 7th of the following month:

Fax: 724-8150 | E-mail: wellness@pima.gov | Mail: Admin. West., 4th Fl.

Page #: _____/_____

Date: _____

Location: _____ **Season:** _____

If you have more than 10 walks in a month, please make copies. If you have regular participants, feel free to type in EIN/Name.

Please sign-in at the first walk of the month you attend , then initial or check each day you walk. (Champions: please write dates at the top.)

	County EIN (Employee ID Number)	**Name**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**
	Walking Club Champion(s):														
#1			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
#2			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Participants:														
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Employee Wellness Walking Club

Continuation Sheet for additional participants.

Page #: _____/_____

Please sign-in at the first walk of the month you attend , then initial or check each day you walk.

County EIN (Employee ID Number)	**Name**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**
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