

Aging & Family Services

10-Week Walking Program * April 4, 2016— June 12, 2016

NAME _____

Please mark daily steps

WEEK	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Weekly Total
1 4/4—4/10								
2 4/11—4/17								
3 4/18—4/25								
4 4/25—5/1								
5 5/2—5/8								
6 5/9—5/15								
7 5/16—5/22								
8 5/23—5/29								
9 5/30—6/5								
10 6/6—6/12								

PLEASE REPORT WEEKLY TOTALS TO SENIOR CENTER

Or e-mail to smallery@wvaging.com

10-Week TOTAL _____