



Health Walk Register

Date: _____

Name of scheme: _____

Time: _____

Name of walk
and location: _____

Leader: _____

Walk duration
(average): _____

Please PRINT details below

	First Name	Surname	New Walker? (Y/N)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

PTO –

Weather conditions:

General comments:



Health Walk Register

Health walk register – continued

Date

Please **PRINT** details below

	First name	Surname	New Walker? (Y/N)
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			



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