



Health Walk Register

Date:	Name of scheme: FRIDAY TROTTERS SHORT / MEDIUM / LONG (Delete as Appropriate)
Time:	Location of walk:
Leader:	Walk duration (average):

Please **PRINT** details below (EVERY NAME NEEDS TO BE READ)

*Please indicate if leader

	Leader*	First Name	Surname	Tick if New Walker		Leader*	First Name	Surname	Tick if New Walker
1					21				
2					22				
3					23				
4					24				
5					25				
6					26				
7					27				
8					28				
9					29				
10					30				
11					31				
12					32				
13					33				
14					34				
15					35				
16					36				
17					37				
18					38				
19					39				
20					40				

Weather conditions:

General Comments: