



Walking Log

Please fill out the form and return it to the address below. Forms must be received by the 1st Friday of each month to be entered in the contest!

Name: _____ Phone Number: _____

Address: _____

Email Address: _____

Do you receive Project WOW Newsletters? (Circle one) Yes No

Walking Log for Weeks of: _____

Day of the Week	Date DD/MM	Check here if you did not walk today	Time of Day	Length of Walk (minutes)
Monday		<input type="checkbox"/>		
Tuesday		<input type="checkbox"/>		
Wednesday		<input type="checkbox"/>		
Thursday		<input type="checkbox"/>		
Friday		<input type="checkbox"/>		
Saturday		<input type="checkbox"/>		
Sunday		<input type="checkbox"/>		
Total		<input type="checkbox"/>		
Day of the Week	Date DD/MM	Check here if you did not walk today	Time of Day	Length of Walk (minutes)
Monday		<input type="checkbox"/>		
Tuesday		<input type="checkbox"/>		
Wednesday		<input type="checkbox"/>		
Thursday		<input type="checkbox"/>		
Friday		<input type="checkbox"/>		
Saturday		<input type="checkbox"/>		
Sunday		<input type="checkbox"/>		
Total		<input type="checkbox"/>		

Please return to: Project WOW, Attn: Sarah Lovegreen, Saint Louis University School of Public Health, 3545 Lafayette Ave., St. Louis, MO 63104

Comments?