HIKING CHALLENGE VERIFICATION FORM

NAME____________________________ PHONE #________________
E-MAIL____________________________________

*Please fill out the section below for 2 wellness points.
Hike must be between January 1st and December 31st
Hike must be 5+ miles roundtrip with an elevation change of at least 500 ft.
You may count a maximum of 2 hikes for 4 points, per year.

Hike Name _____________________________ Date _______________
Mileage ____________ Elevation Change ______________

Hike Name _____________________________ Date _______________
Mileage ____________ Elevation Change ______________

I certify that the above information is correct.

_____________________________ Signature ____________ Date