

St. Marys Walking Program Registration Form



Last Name _____ First Name _____

Have you been a walking program member before? Y_____ N_____

If **YES**, you do not have to fill out form below, unless information has changed.

If **NO**, please fill out form below.

P.O. Box _____ Street Address _____

Town _____ Postal Code _____

Home Phone # _____ Work # _____

Emergency Contact Name _____ Phone # _____

Relationship of Contact Person _____

Age Group	under 20	20-30	30-40
	40-50	50-60	over 60

Date _____ Member Signature _____