2019 Providence City
100 Mile Club
May - August

Name _____

Address _____

Phone # _____

Email _____

Please use this form, front and back, to record your walking/running distance.
Once you have completed 100 miles, you may return it to the City Office for a prize!
We appreciate your honesty and your attempt to stay healthy and fit.

Day	# of miles	Day	# of miles	Day	# of miles

I hereby affirm that I have completed walking/running 100 miles as of the date indicated.

Signature _____ Date _____