

# Providence City Exercise Club 2019 May - August



Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Email \_\_\_\_\_

Please use this form, front and back, to record your exercise hours.  
 Once you have completed 40 hours, you may return it to the City Office for a prize!  
 We appreciate your honesty and your attempt to stay healthy and fit.

Day	Minutes	Day	Minutes	Day	Minutes

I hereby affirm that I have completed 40 hours of exercise as of the date indicated.

Signature \_\_\_\_\_ Date \_\_\_\_\_