

2021 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 \_\_\_\_\_