

Providence City Exercise Club 2021 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 _____