


Personal Walking Challenge

Column 1						Column 2					
Distance		Time		Steps		Distance		Time		Steps	
Date	Km	Date	Min.	Date	Num.	Date	Km	Date	Min.	Date	Num.
Total:		Total:		Total:		Total:		Total:		Total:	

As a reminder: always consult your doctor for medical advice before starting an exercise program.

<p style="text-align: center;"><u>Rules</u></p> <ol style="list-style-type: none"> 1. The program is free and on a voluntary basis. 2. There is no time limit to complete the program. 3. Participants have to register and sign a Waiver of Liability. 4. Participants are not covered under the CVF umbrella insurance policy. They walk at their own risk. 5. Only Record Sheets provided with this program will be accepted as official record. 6. The summary needs only to be filled when an award level is reached or upon becoming a member of a CVF club or of the CVF. 	<p style="text-align: center; font-size: 1.2em;">Canadian Volkssport Federation</p> <div style="text-align: center;">  </div> <p style="text-align: center; font-size: 1.2em;">Personal Walking Challenge</p> <p>Name : _____</p> <p>Address : _____</p> <p style="text-align: center;">_____</p>
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Personal Walking Challenge

Column 3						Column 4					
Distance		Time		Steps		Distance		Time		Steps	
Date	Km	Date	Min.	Date	Num.	Date	Km	Date	Min.	Date	Num.
Total:		Total:		Total:		Total:		Total:		Total:	

<p style="text-align: center;"><u>Summary</u></p> <p style="text-align: center;">(To be completed after reaching an award level or becoming a member)</p> <p>Column 1 Distance Total : _____</p> <p>Column 2 Distance Total : _____</p> <p>Column 3 Distance Total : _____</p> <p>Column 4 Distance Total : _____</p> <p>Distance Grand Total : _____</p>	<p>Award requested:</p> <p style="text-align: center;">Yes _____ No _____</p> <p><u>Send to</u> : Canadian Volkssport Federation Suite 604 - 251 Bank Street, Ottawa, ON, K2P 1X3</p>
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