

HIKING CHALLENGE
Verification Form

NAME:
EMAIL:
PHONE #:

Please fill out the section below that you completed for .5 wellness point. **DO NOT TURN THIS FORM IN UNLESS YOU ARE AUDITED IN JULY 2017. Hike must be between July 1st 2016 and June 30, 2017. Hike must be 5+ miles roundtrip with an elevation change of at least 500 ft.. Each hike counts for .5 wellness credits.*

HIKE NAME _____ DATE _____

MILEAGE _____ ELEVATION CHANGE _____

HIKE NAME _____ DATE _____

MILEAGE _____ ELEVATION CHANGE _____

I, _____ confirm that the above
information is correct