Department of ELDER AFFAIRS STATE OF FLORIDA

## Sign-In Sheet for Walk with Ease

Date(s):	Phone:
Start Time:End Time:	Funded by:
Location:	#of Participants : # of Completers:
Address:	Name of Instructor(s) :
ARTICIPANTS - Before beginning any exercise program it is recomm	ended you consult your physician. If any part of the program conflicts

PARTICIPANTS - Before beginning any exercise program it is recommended you consult your physician. If any part of the program conflicts with your doctor's advice and recommendations, follow your doctor's instructions. Participants of this program do so at their own risk.

			Week 1			Week 2			,	Week :	3	,	Week 4	1	Week 5			Week 6		
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
			Insert date (for example 1/22 in space below each week)																	
#	Printed Name	Signature																		
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			Week 1			Week 2			Week 3			١	Week 4	1	Week 5			Week 6		
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