



WALKING BUDDIES

Log Sheet

Name of Walking Buddies Group: _____

Names of Walking Buddies:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Please record the date your group all walked to school together and have an adult witness your activity. Thank you!

	Date of Walk	Name of Adult witness	Signature of Witness
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Once you have complete the form, please send to :

SHAPE
PO BOX 69102, 13040 – 137 Avenue
Edmonton, AB. T6V 1G7

We will send a participant award to each member of the Walking Buddies Team to the following address:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____