



SCHOOL WALKING CHALLENGE

REGISTRATION FORM

School/Organization Details: _____

School/Organization Name: _____

Community: _____

Team Leader Name: _____

Phone: _____ Email: _____

Alternate team contact name: _____

Phone: _____ Email: _____

TEAM CATEGORY (PLEASE TICK):

- Organization/ Sporting group (Name of organization)
- Elementary School (what grades are participating)
- Middle School (what grades are participating)
- High School (what grades are participating)

T -SHIRT SIZES (please put your estimated sizes needed)

Youth: sm: _____ Med: _____ L: _____ XL: _____

Adult: sm: _____ Med: _____ L: _____ XL: _____

ANTICIPATED NUMBER OF PARTICIPANTS: _____

NOTE: Please ensure your anticipated number of participants is "real numbers", RPAN will be providing pedometers. Therefore we need to ensure extra pedometers are not "laying" around.

Please complete and email your team/school registration to the NUMoves Walking Challenge Coordinator at dcurrie@rpan.ca by December 1st, 2017

Submissions after that time are not guaranteed pedometers.

