



## HIKING CHALLENGE VERIFICATION FORM

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

E-MAIL \_\_\_\_\_

*\*Please fill out the section below for 2 wellness points.*

Hike must be between January 1st and December 31st

Hike must be 5+ miles roundtrip with an elevation change of at least 500 ft.

You may count a maximum of 2 hikes for 4 points, per year.

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Hike Name \_\_\_\_\_ Date \_\_\_\_\_

Mileage \_\_\_\_\_ Elevation Change \_\_\_\_\_

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Hike Name \_\_\_\_\_ Date \_\_\_\_\_

Mileage \_\_\_\_\_ Elevation Change \_\_\_\_\_

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I certify that the above information is correct.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

