



Walking Challenge

- 1) Complete tracker form by February 29, 2024
- 2) Email or screenshot completed tracker form to:
 - a) jkeyonnie@fourpointshealth.org or
 - b) 435-691-8019

Name: _____

DAY 1 WALK 1 MILE DATE: _____ DISTANCE: _____ TIME: _____	DAY 2 WALK 1 MILE DATE: _____ DISTANCE: _____ TIME: _____	DAY 3 WALK 1 MILE DATE: _____ DISTANCE: _____ TIME: _____	DAY 4 REST DAY	DAY 5 WALK 1 MILE DATE: _____ DISTANCE: _____ TIME: _____
DAY 6 WALK 1 MILE DATE: _____ DISTANCE: _____ TIME: _____	DAY 7 WALK 1 MILE DATE: _____ DISTANCE: _____ TIME: _____	DAY 8 REST DAY	DAY 9 WALK 1.5 MILES DATE: _____ DISTANCE: _____ TIME: _____	DAY 10 WALK 1.5 MILES DATE: _____ DISTANCE: _____ TIME: _____
DAY 11 WALK 1.5 MILES DATE: _____ DISTANCE: _____ TIME: _____	DAY 12 REST DAY	DAY 13 WALK 1.5 MILES DATE: _____ DISTANCE: _____ TIME: _____	DAY 14 WALK 1.5 MILES DATE: _____ DISTANCE: _____ TIME: _____	DAY 15 WALK 2 MILES DATE: _____ DISTANCE: _____ TIME: _____
DAY 16 REST DAY	DAY 17 WALK 2 MILES DATE: _____ DISTANCE: _____ TIME: _____	DAY 18 WALK 2 MILES DATE: _____ DISTANCE: _____ TIME: _____	DAY 19 WALK 2 MILES DATE: _____ DISTANCE: _____ TIME: _____	DAY 20 REST DAY
DAY 21 WALK 2 MILES DATE: _____ DISTANCE: _____ TIME: _____	DAY 22 WALK 2.5 MILES DATE: _____ DISTANCE: _____ TIME: _____	DAY 23 WALK 2.5 MILES DATE: _____ DISTANCE: _____ TIME: _____	DAY 24 REST DAY	DAY 25 WALK 2.5 MILES DATE: _____ DISTANCE: _____ TIME: _____
DAY 26 WALK 2.5 MILES DATE: _____ DISTANCE: _____ TIME: _____	DAY 27 WALK 3 MILES DATE: _____ DISTANCE: _____ TIME: _____	DAY 28 REST DAY	DAY 29 WALK 3 MILES DATE: _____ DISTANCE: _____ TIME: _____	