**Please appoint a contact person for your Club. List miles/hours of activity for each member participating. Use “Other activity” for exercises not included in list. Please return by October 31st to Sara Newell by email:** [**sdn0104@gmail.com**](mailto:sdn0104@gmail.com)**. or phone: 203.628.6355**

**All exercise activities will be converted to equivalent miles by using standard charts of calories burned for each activity. Have fun and stay healthy!**

**Sheila Macauley Memorial Walking Contest – Fall 2023**

**Club Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant’s: Activity: Miles/Hours**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Walking**  **miles** | **Running**  **miles** | **Aerobics**  **hours** | **Biking**  **miles** | **Other activity**  **List mis. or hrs.** |
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