Walk to Health Registration Form





Name:					
Address:		City:		ST:	Zip:
County:		Phone Number:			
Email:			Shirt Size:		
				-	
Individual / Team	Team Name:				
Walk to Health P	ersonal Goal: accomplish through this p	rogram)			

RETURN FORM NO LATER THAN APRIL 10TH TO:



404 W 10th ST (1 block north of Arby's)
PO Box 1235 · McCook, NE 69001
info@swhealth.ne.gov
Fax: 308-345-4289
Call 308-345-4223 with questions