Walk A Million Miles

Name:_____

Gender: Male _____ Female_____

Age: Under 60____ 60-69____ 70-79____ 80-89____ 90-older____

***Month:*_____** ***TOTAL MILES:*_____**

***Senior Center Name:*_____**

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Activity Minutes Miles							
Activity Minutes Miles							
Activity Minutes Miles							
Activity Minutes Miles							
Activity Minutes Miles							
Activity Minutes Miles							

Strengthening Our Lives
BCDA
Baltimore County Department of Aging

Instructions: Insert days of month in chart. Write in the activity(ies) performed, total minutes and total miles/day.

At the end of the month, total up the miles and turn in to senior center staff.

OLDER AMERICANS MONTH
BLAZE A TRAIL: MAY 2016