

Congratulations! Fill out the information below and mail this form to receive your **New Jersey Walking Recognition Award.**

Yes, I walked about 4 times or more a week for at least 30 minutes for 12 weeks _____

On most days, I walked: _____ alone _____ with a friend _____ with a group

I increased my regular physical activity because of this program Yes _____ No _____

Name

Age

Address

City

County

State

Zip Code

Comments: _____

**Older Adult Health and Wellness
NJ Department of Health and Senior Services
Attention: Lisa Bethea
PO Box 807
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