Live Long, Live Well Statewide Older Adult Walking Program
Community Miles

Organization Name _____
Contact Person _____ **Telephone** _____
Street Address _____
City/State ZIP_____ **County** _____
New walking group _____ **Previously established walking group** _____
Number of participants at start of walking program _____ **Number of participants completing program** _____

Participant Name	Age	Address	City, Zip	Total Distance or Steps	Beginning and Ending Dates for Walking

Participants over 50 who walk 30 minutes or more at least 4 days per week for 12 weeks will receive a New Jersey Walking Recognition Award from the New Jersey Department of Health and Senior Services (NJDHSS).
Fax or e-mail this form to NJDHSS at 609/943-3498 or susan.lachenmayr@doh.state.nj.us