



Move Around the Mitt Challenge

Name: _____

Address: _____

Phone: _____ Email: _____

Activity (circle one): walking / snowshoeing / cross country skiing / ice skating / running
swimming / other: _____

Miles completed: _____ or Hours completed: _____

Please bring this completed form to the Win with Wellness educational event on
March 15, 2012 at 6pm in the Ludington High School cafeteria, or mail it to:

Memorial Medical Center
ATTN: Win with Wellness
One Atkinson Dr.
Ludington, MI 49431

Forms submitted by mail must be postmarked by Friday, March 9, 2012.



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