



# THE WALKTOBER CHALLENGE

1st — 31st October 2012

## Walktober Registration Form

**Team Name:** \_\_\_\_\_

**Team Leader**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Over 50 yrs old (please circle) Y N

**Team Members:**

Name: _____ Email: _____ Phone No: _____ Over 50 Y N	Name: _____ Email: _____ Phone No: _____ Over 50 Y N
Name: _____ Email: _____ Phone No: _____ Over 50 Y N	Name: _____ Email: _____ Phone No: _____ Over 50 Y N
Name: _____ Email: _____ Phone No: _____ Over 50 Y N	Name: _____ Email: _____ Phone No: _____ Over 50 Y N

Please return this form by email or fax to:

Emma Shannon  
 Healthy Ageing Demonstration Project  
 Project Officer  
 Central Victorian Health Alliance  
 emmashannon@cvha.com.au  
 Ph: 5472 5333  
 Fax: 5472 5461  
 Or place in drop box if provided



Healthy Active Living  
in Mount Alexander



Central Victorian Health Alliance  
Primary Care Partnership



Marian Hospital

