

#walkforwellness

WALK FOR WELLNESS

Please pick a date in either January or February of 2017 for your county to participate in the FMAA's Walk for Wellness!

Please return this form by **Friday, December 9, 2016** to receive your county's requested number of t-shirts.

County Alliance Name: _____

Contact Person and email: _____

Will your County Medical Society members be joining you? Yes/No

What date will your county's Walk for Wellness take place? _____

What is your walk location? _____

How many participants do you expect to have?

Adults: _____ Children: _____

How many of each size shirt will be needed?

Small: _____ Medium: _____ Large: _____

FMAA

IMPROVING FLORIDA'S HEALTH
ONE STEP AT A TIME