Providence City
Exercise Club 2023
May – August

Name _____
Address _____
Phone # _____
Email _____

Please use this form, front and back, to record your exercise hours. Once you have completed 40 hours, you may return it to the City Office for a prize.

Enjoy your workout!

Day	Minutes	Day	Minutes	Day	Minutes

I hereby affirm that I have completed 40 hours of exercise as of the date indicated.

Signature _____ Date _____