

# Providence City Exercise Club 2014



Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

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!  
We appreciate your honesty and your attempt to stay healthy and fit.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_