



# Mall Walkers Program Registration Form

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

T-shirt size:  Small  Medium  Large

Other: \_\_\_\_\_

Would you like to connect with other walkers?  Yes  No

*Sponsored by:*



**Wesley Glen**

*Retirement Community*

5155 N. High St.  
Columbus, OH 43214  
(614) 888-7492  
www.WesleyGlen.com

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