



Mall Walkers Program Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Sponsored by:



Wesley Glen
Retirement Community

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

T-shirt size: Small Medium Large

Other: _____

Know. Understand. Care.



Would you like to connect with other walkers? Yes No