

AUGUST 2020 LOOP DE LOOP CHALLENGE

Category: Male _____ Female _____ PHONE _____
 Name _____ Email: _____

WEEK 1	2-Aug	3-Aug	4-Aug	5-Aug	6-Aug	7-Aug	8-Aug
DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
START							
FINISH							
TIME							

WEEK 2	9-Aug	10-Aug	11-Aug	12-Aug	13-Aug	14-Aug	15-Aug
DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
START							
FINISH							
TIME							

WEEK 3	16-Aug	17-Aug	18-Aug	19-Aug	20-Aug	21-Aug	22-Aug
DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
START							
FINISH							
TIME							

WEEK 4	23-Aug	24-Aug	25-Aug	26-Aug	27-Aug	28-Aug	29-Aug
DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
START							
FINISH							
TIME							

PARTIAL WEEKS	30-Aug	31-Aug					1-Aug
DAY	SUNDAY	MONDAY					SATURDAY
START							
FINISH							
TIME							

Slowest Time: _____ Fastest Time: _____ Minutes Shaved: _____

Disclaimer: Participation in this event is at your own risk.

Participating in any exercise or exercise program carries the possibility of physical injury. You should be in good physical condition and able to participate in the exercise. If you engage in this exercise or exercise program, you agree that you do so at your own risk, are voluntarily participating in these activities, and assume all risk of injury to yourself.

PLEASE BE SURE TO TURN IN YOUR COMPLETED
 FORM NO LATER THAN SEPTEMBER 3, 2020.
 EMAIL: K.NELSON@SKAGWAY.ORG OR DROP OFF AT CITY HALL

