** My walk group details**

**Names of Walk leader(s):**

**Name of community:**

**Name of local walk champion (if known):**

**Recreation staff, MPAL, or Health Board member**

**Email: Phone:**

**Meet up location of walk:**

**(Describe the location)**

**Civic Address:**

**Start Date/Day: Time:**

**Please email this completed form to** [**walk@hikenovascotia.ca**](mailto:walk@hikenovascotia.ca) (you can scan and print or just type on the form and resave)

**\*\* Once we receive your completed form, we will send you your vest, clipboard, first aid kit, copies of forms. We will also help you promote your group!**

**Thank you!!**