

FALL STRIDE CHALLENGE

Mileage Tracker

Special
Olympics
Washington



Email completed months to fitness@sowa.org

Mail to: Special Olympics Washington
C/O: Della Norton
2815 Second Avenue, Suite 370, Seattle,
WA 98121

NAME: _____

Write down the number of miles you walked, ran or rolled at the end of each day & tally your weekly total!

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

WEEKLY
TOTAL

WEEK 5

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WEEK 6

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WEEK 7

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WEEK 8

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