MILEAGE TRACKING FORM

Please complete this form and submit to receive a t-shirt in the mail.

CITY OF DES MOINES PARKS AND RECREATION

31 MILES YOUR WAY AND MORE
CITY OF DES MOINES PARKS AND RECREATION

NAME ____

ADDRESS ____

CITY __________________ **STATE** ______ **ZIP** _____________

EMAIL ____

T-SHIRT SIZE* _______________________________________

**Please note if you'd like Youth size*

TOTAL MILEAGE _____________________________________

DATE i.e. 03/12/2021	**ACTIVITY** Walk, Bike, Run, Swim, etc.	**LOCATION** Specific park, trail, gym, etc.	**MILEAGE** Round to the nearest half mile

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