



CHAPTER COORDINATOR CONFIRMATION FORM

25th Annual Walk-A-Thon – Walk For Healthy Living Virtual Walk

Saturday, September 26, 2020

CHAPTER:

AREA:

CHAPTER PRESIDENT:

DAYTIME TELEPHONE:

EVENING TELEPHONE:

E-MAIL ADDRESS:

NAME OF HHS CHAIR/OR COORDINATOR:

DAYTIME PHONE:

EVENING PHONE:

E-MAIL ADDRESS:

Please e-mail this form to your area Health and Human Services chair, no later than two weeks before the walk. E-mail a copy to heartlinks@linksinc.org.