

Hike Barnstable

A 40-mile self-paced Hiking Challenge



Tracker / Finisher Form

J u n e 3 - S e p t e m b e r 4 , 2 0 2 3

PARTICIPANT INFORMATION

Name*: _____
*as you would like it to read on the E-Certificate of Completion

Additional Participating Family Member Names: _____

Street Address: _____

Town: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email: _____

How did you hear about the Hike Barnstable Challenge? _____

Date	Miles Hiked	Trail Name or Location	Comments (optional)
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_____	_____	_____	_____
_____	_____	_____	_____



1540 Main Street
W. Barnstable, MA 02668
(508) 771-2585
info@blt.org



CAPE COD HEALTHCARE

Hike Barnstable

A 40-mile self-paced Hiking Challenge



Tracker / Finisher Form

J u n e 3 - S e p t e m b e r 4 , 2 0 2 3

Date	Miles Hiked	Trail Name or Location	Comments (optional)

Total Miles:



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**CAPE COD
 HEALTHCARE**