

5, 10 & 20-mile self-paced Hiking Challenge



J u n e 2 0 2 5

PARTICIPANT INFORMATION

*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?

Please check one:

- ☐ Kid
- ☐ Adult

Please check one:

☐ 5 Miles

☐ 10 Miles

☐ 20 Miles

Total Miles:



5, 10 & 15-mile self-paced Hiking Challenge



June 2025

[illegible]

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CAPE COD
HEALTHCARE