

LAKE VIEW MEMORIAL HOSPITAL
Two Harbors, Minnesota

100 Mile Challenge Scorecard

Name: _____

Address: _____

Phone Number: _____

Total Miles Walked: _____

JUNE 2008						
SUN	MON	TUE	WED	THU	FRI	SAT
Total Miles _____ For June						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

JULY 2008						
SUN	MON	TUE	WED	THU	FRI	SAT
Total Miles _____ For July						
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

AUGUST 2008						
SUN	MON	TUE	WED	THU	FRI	SAT
Total Miles _____ For August						
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

SEPTEMBER 2008						
SUN	MON	TUE	WED	THU	FRI	SAT
Total Miles _____ For September						
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				