



Hiker's Challenge

Please complete the following information once you have completed the Hiker's Challenge:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Date of Birth (optional): _____

Hiker's Challenge Start Date: _____ Hiker's Challenge Finish Date: _____

Please tell us about your experience:

Comments: _____

- I give permission to Steep Rock Association, Inc. to use my comments in newsletters and promotional materials.

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