



PEDOMETER LOAN APPLICATION FORM

Name: _____

Company/institution name: _____

Address: _____

Ph (W): _____

Email: _____

What will you be using the pedometers for? (please state title of study, target group, location)

How many pedometers do you wish to loan? (*maximum of 30*)

The numbers on the pedometers loaned (please list) _____

You will be responsible for collecting the pedometers from the Physical Activity Taskforce and for their return (within 2 months). *The responsibility of collecting borrowed pedometers off study participants, colleagues, etc. lies with you. The Physical Activity Taskforce requires reimbursement for pedometers that are not returned.*

The pedometers can be collected from and returned to:

**Physical Activity Taskforce
246 Vincent St,
Leederville WA 6007
PO Box 1239
Subiaco WA 6904
Ph: 9492 9630 Fax: (08) 9492 9711**

Date Borrowed: _____

Expected Date of Return (up to 2 months from collection date):

I agree to collect the pedometers and to return them to the Physical Activity Taskforce within a period of 2 months.

Signed: _____

Name (print): _____