








WEEK #2 TRACKER

Name: _____ Team/School: _____

Check off each day you are active in the boxes below. Any activity counts!

| | Day 8 | Day 9 | Day 10 | Day 11 | Day 12 | Day 13 | Day 14 |
|---|---|---|---|---|---|---|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Training Tuesday | <input type="checkbox"/> Wellness Wednesday | <input type="checkbox"/> Turn It Up Thursday | <input type="checkbox"/> Feel Good Friday | <input type="checkbox"/> Strength Saturday | <input type="checkbox"/> Stride Sunday | <input type="checkbox"/> Menu Monday |
| SONC Activity |  |  |  |  |  |  |  |
| Did you do something different? Write it here. | | | | | | | |
| Did you eat your fruits and veggies? | Yes, I did! <input type="checkbox"/> | Yes, I did! <input type="checkbox"/> | Yes, I did! <input type="checkbox"/> | Yes, I did! <input type="checkbox"/> | Yes, I did! <input type="checkbox"/> | Yes, I did! <input type="checkbox"/> | Yes, I did! <input type="checkbox"/> |

At the end of the week, share your tracker with your teacher/coach.