








WEEK #3 TRACKER

Name: _____ Team/School: _____

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

	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
<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 get your "You Time"?	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.