

**CHOICE #2**

# - Wellness Challenge

*Name:* \_\_\_\_\_ *Teacher:* \_\_\_\_\_

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 <b>Activity:</b> _____	2 <b>Activity:</b> _____	3 <b>Activity:</b> _____	4 <b>Activity:</b> _____	5 <b>Activity:</b> _____	6 <b>Activity:</b> _____
7 <b>Activity:</b> _____	8 <b>Activity:</b> _____	9 <b>Activity:</b> _____	10 <b>Activity:</b> _____	11 <b>Activity:</b> _____	12 <b>Activity:</b> _____	13 <b>Activity:</b> _____
14 <b>Activity:</b> _____	15 <b>Activity:</b> _____	16 <b>Activity:</b> _____	17 <b>Activity:</b> _____	18 <b>Activity:</b> _____	19 <b>Activity:</b> _____	20 <b>Activity:</b> _____
21 <b>Activity:</b> _____	22 <b>Activity:</b> _____	23 <b>Activity:</b> _____	24 <b>Activity:</b> _____	25 <b>Activity:</b> _____	26 <b>Activity:</b> _____	27 <b>Activity:</b> _____
28 <b>Activity:</b> _____	29 <b>Activity:</b> _____	30 <b>Activity:</b> _____	31 <b>Activity:</b> _____			

**In Celebration of this month, we would like everyone to take a physical fitness pledge for this month, as well as, for life. “I hereby pledge to stay or become physically active for the month of May to start.**

**That means exercising 3-4 times per week for at least 20 minutes.”**

**I certify that my son/daughter, \_\_\_\_\_, completed the Wellness Challenge.**