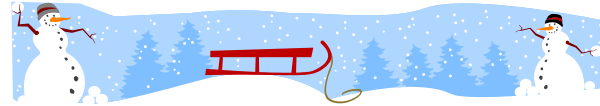


# JANUARY 2012



Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9 Exercise: Nutrition: Total:	10 Exercise: Nutrition: Total:	11 Exercise: Nutrition: Total:	12 Exercise: Nutrition: Total:	13 Exercise: Nutrition: Total:	14 Exercise: Nutrition: Weekly Total:
15 Exercise: Nutrition: Total:	16 Exercise: Nutrition: Total:	17 Exercise: Nutrition: Total:	18 Exercise: Nutrition: Total:	19 Exercise: Nutrition: Total:	20 Exercise: Nutrition: Total:	21 Exercise: Nutrition: Weekly Total:
22 Exercise: Nutrition: Total:	23 Exercise: Nutrition: Total:	24 Exercise: Nutrition: Total:	25 Exercise: Nutrition: Total:	26 Exercise: Nutrition: Total:	27 Exercise: Nutrition: Total:	28 Exercise: Nutrition: Weekly Total:
29 Exercise: Nutrition: Total:	30 Exercise: Nutrition: Total:	31 Exercise: Nutrition: Total:				

**30 minutes of exercise** You may exercise in any increment you choose: 3 ten minute, 2 fifteen, or all at once

**No full calorie soft drinks or sweet tea all day (Try drinking water instead).**

**No fried foods all day**

**Meet 5 % weight loss goal**

**Each additional percentage lost**

**5 points max daily**

**3 points**

**3 points**

**50 points**

**5 points**

Name: \_\_\_\_\_

Partner: \_\_\_\_\_

Team Name: \_\_\_\_\_

School: \_\_\_\_\_



# FEBRUARY 2012



Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 Exercise: Nutrition: Total:	2 Exercise: Nutrition: Total:	3 Exercise: Nutrition: Total:	4 Exercise: Nutrition: Weekly Total:
5 Exercise: Nutrition: Total:	6 Exercise: Nutrition: Total:	7 Exercise: Nutrition: Total:	8 Exercise: Nutrition: Total:	9 Exercise: Nutrition: Total:	10 Exercise: Nutrition: Total:	11 Exercise: Nutrition: Weekly Total:
12 Exercise: Nutrition: Total:	13 Exercise: Nutrition: Total:	14 Exercise: Nutrition: Total:	15 Exercise: Nutrition: Total:	16 Exercise: Nutrition: Total:	17 Exercise: Nutrition: Total:	18 Exercise: Nutrition: Weekly Total:
19 Exercise: Nutrition: Total:	20 Exercise: Nutrition: Total:	21 Exercise: Nutrition: Total:	22 Exercise: Nutrition: Total:	23 Exercise: Nutrition: Total:	24 Exercise: Nutrition: Total:	25 Exercise: Nutrition: Weekly Total:
26 Exercise: Nutrition: Total:	27 Exercise: Nutrition: Total:	28 Exercise: Nutrition: Total:	29 Exercise: Nutrition: Total:			

**30 minutes of exercise** You may exercise in any increment you choose: 3 ten minute, 2 fifteen, or all at once

**No full calorie soft drinks or sweet tea all day (Try drinking water instead).**

**No fried foods all day**

**Meet 5 % weight loss goal**

**Each additional percentage lost**

**5 points max daily**

**3 points**

**3 points**

**50 points**

**5 points**

Name: \_\_\_\_\_

Partner: \_\_\_\_\_

Team Name: \_\_\_\_\_

School: \_\_\_\_\_



# MARCH 2012



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

**30 minutes of exercise** You may exercise in any increment you choose: 3 ten minute, 2 fifteen, or all at once

**5 points max daily**

**No full calorie soft drinks or sweet tea all day (Try drinking water instead).**

**3 points**

**No fried foods all day**

**3 points**

**Meet 5 % weight loss goal**

**50 points**

**Each additional percentage lost**

**5 points**

Name: \_\_\_\_\_  
 Partner: \_\_\_\_\_  
 Team Name: \_\_\_\_\_  
 School: \_\_\_\_\_





## Hawkins County Schools Staff Wellness Challenge

January 9—March 2, 2012

### Tally Form

January Week 1 Points Total: \_\_\_\_\_

January Week 2 Points Total: \_\_\_\_\_

January Week 3 Points Total: \_\_\_\_\_

January Week 4 Points Total: \_\_\_\_\_

February Week 1 Points Total: \_\_\_\_\_

February Week 2 Points Total: \_\_\_\_\_

February Week 3 Points Total: \_\_\_\_\_

February Week 4 Points Total: \_\_\_\_\_

Did you meet your 5% Weight Loss Goal?    Yes    No

Did you lose beyond the 5% Goal?    Yes    No

If yes, please determine how many additional percentage points you lost: \_\_\_\_\_

Final Points Total: \_\_\_\_\_

Partner's Final Points Total: \_\_\_\_\_

Combined Points: \_\_\_\_\_

Your Name: \_\_\_\_\_ Partner's Name: \_\_\_\_\_

Team Name: \_\_\_\_\_ School: \_\_\_\_\_

**Please send this form stapled to your partner's form via the courier to Erika Phillips, Central Office no later than March 9th to be eligible for prizes.**