EXTRACURRICULAR FITNESS LOG

Name:		
	Class:	
	Term:	
Due Date:		

	Date (three different days)	Activity	Time (>15min)
Week 1			
Week 2			
Week 3			
Week 4			

/12 Activity 3x per week

/4 Minimum 15min per activity

/4 Parent/Guardian Signature

/20 Comments

Parent	/Guarc	dian Sia	ınature