

# AEROBIC WINTER CHALLENGE

## Team Monthly Report



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

Worksite: \_\_\_\_\_

### NO TEAM CHANGES AFTER OCTOBER 22ND

- ❖ Place **(Y)** for the participant if they were physically active for 14 days out of the month, for at least 30 minutes per day. Place **(N)** for the participant if they were not physically active for the required number of days. Place **(E) = excused** if the participant was sick, ill, or injured and did not meet their goal.

	<b>Team Members</b> (TL = Team Leader)	NOV Y, N or Excused	DEC Y, N or Excused	JAN Y, N or Excused	FEB Y, N or Excused
TL:					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

<b>November Team Activity:</b> Y <input type="checkbox"/> N <input type="checkbox"/> # of team members participated: Activity completed:	<b>December Team Activity:</b> Y <input type="checkbox"/> N <input type="checkbox"/> # of team members participated: Activity completed:
<b>January Team Activity:</b> Y <input type="checkbox"/> N <input type="checkbox"/> # of team members participated: Activity completed:	<b>February Team Activity:</b> Y <input type="checkbox"/> N <input type="checkbox"/> # of team members participated: Activity completed:

**Example: # of team members participated: 5 members / Activity completed: Team walk/hike/fitness class**

Team Monthly Reports are **due to Coconino County Health & Human Services** by these dates:

**December 5<sup>th</sup>, January 6<sup>th</sup>, February 6<sup>th</sup> & March 6<sup>th</sup>**

You may fax to 928.679.7376 or you may e-mail reports to [awc@coconino.az.gov](mailto:awc@coconino.az.gov)