

AEROBIC WINTER CHALLENGE

Team Monthly Report



Team Name: _____

Worksite: _____

NO TEAM CHANGES AFTER OCTOBER 23RD

- ❖ 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 **(Excused)** if the participant was sick, ill, or injured and did not meet their goal.

	Team Members (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.					

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

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

December 4th, January 4th, February 5th & March 5th by 3:00pm.

You may **fax** to 928.679.7206 or you may **e-mail** reports to awc@coconino.az.gov