

Au-guts Challenge

This challenge is only for those who have the **GUTS** to be physically active and eat healthy and want to tone up those other “guts.” On the below August calendar.

PA= Physical Activity. Color in one box next to PA for each day you engage in 30 min. of moderate to vigorous PA. Color in both if you do at least 60 min. of physical activity that day.

F & V = Color in box for each day you eat **4-5 cups** of a combo of veggies and fruits. (Try to eat more veggies).

Abs = Abdominals. Color in box for each day you complete at least 1 set (equals at least 12 repetitions) of 3 different types of the attached abdominal exercises. Abs work cannot count towards PA minutes.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs
2 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs	3 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs	4 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs	5 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs	6 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs	7 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs	8 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs
9 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs	10 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs	11 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs	12 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs	13 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs	14 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs	15 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs
16 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs	17 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs	18 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs	19 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs	20 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs	21 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs	22 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs
23 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs	24 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs	25 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs	26 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs	27 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs	28 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs	29 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs
30 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs	31 <input type="checkbox"/> PA <input type="checkbox"/> <input type="checkbox"/> F & V <input type="checkbox"/> abs					

Name _____ Return form to Julie Jones in Health Education by September 4th.

To be eligible to win incentives!