Special Olympics Colorado

Fit Families / Fit Friends Workout Log, Week: ____/____/_____

Family Member:_____

Challenge Coordinator:_____

How many activities were family activities?

_____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Step Count: _____	Step Count: _____	Step Count: _____	Step Count: _____	Step Count: _____	Step Count: _____	Step Count: _____
Activity: _____ Time: _____minutes Comments: _____ _____ _____ _____	Activity: _____ Time: _____minutes Comments: _____ _____ _____ _____	Activity: _____ Time: _____minutes Comments: _____ _____ _____ _____	Activity: _____ Time: _____minutes Comments: _____ _____ _____ _____	Activity: _____ Time: _____minutes Comments: _____ _____ _____ _____	Activity: _____ Time: _____minutes Comments: _____ _____ _____ _____	Activity: _____ Time: _____minutes Comments: _____ _____ _____ _____
Activity: _____ Time: _____minutes Comments: _____ _____ _____ _____	Activity: _____ Time: _____minutes Comments: _____ _____ _____ _____	Activity: _____ Time: _____minutes Comments: _____ _____ _____ _____	Activity: _____ Time: _____minutes Comments: _____ _____ _____ _____	Activity: _____ Time: _____minutes Comments: _____ _____ _____ _____	Activity: _____ Time: _____minutes Comments: _____ _____ _____ _____	Activity: _____ Time: _____minutes Comments: _____ _____ _____ _____