Each day fill in what physical activity you did and how many minutes you did it.

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**September**

**total minutes of physical activity**

What are your favorite physical activities?
- aerobics
- baseball
- basketball
- bicycling
- dodgeball
- football
- golf
- hiking
- kickball
- running
- skate boarding
- skating (ice, inline, or roller)
- soccer
- softball
- swimming
- track
- walking
- weight lifting
- volleyball
- ___________________
- ___________________
- ___________________

Name ____________________________

For more resources visit: www.4-h.uiuc.edu/opps/move

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