

NAME:

CYBER PE PHYSICAL ACTIVITY LOG

WEEK OF:

DAY OF WEEK	TYPE OF ACTIVITY	ACTIVITY DESCRIPTION	TIME	LOCATION	NAME & CONTACT INFORMATION OF WITNESSING ADULT
Monday	Resistance				Adult Name:
	-----	-----	-----	-----	Email/Phone # of Adult:
Tuesday	Aerobic				
	Resistance				Adult Name:
Wednesday	-----	-----	-----	-----	Email/Phone # of Adult:
	Aerobic				
Thursday	Resistance				Adult Name:
	-----	-----	-----	-----	Email/Phone # of Adult:
Friday	Aerobic				
	Resistance				Adult Name:
Saturday	-----	-----	-----	-----	Email/Phone # of Adult:
	Aerobic				
Sunday	Resistance				Adult Name:
	-----	-----	-----	-----	Email/Phone # of Adult:
	Aerobic				

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	Aerobic				
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	Aerobic				
Saturday	Resistance				Adult Name:
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	Aerobic				
Sunday	Resistance				Adult Name:
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	Aerobic				