



The Active Lifestyle Activity Log

Participant Name _____ Date Started _____

Group ID _____ Age _____ Date Completed _____

Week 1	Activities	# of Minutes or Pedometer Steps
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		
Participant Signature		Date

Week 2	Activities	# of Minutes or Pedometer Steps
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		
Participant Signature		Date

Week 3	Activities	# of Minutes or Pedometer Steps
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		
Participant Signature		Date

Week 4	Activities	# of Minutes or Pedometer Steps
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		
Participant Signature		Date

Week 5	Activities	# of Minutes or Pedometer Steps
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		
Participant Signature		Date

Week 6	Activities	# of Minutes or Pedometer Steps
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		
Participant Signature		Date

Verification

I certify that I have met the requirements of the Presidential Active Lifestyle Award.

I have met my daily activity goal for at least 5 days each week. Participant Signature _____

I have performed my physical activities for at least 6 weeks. Supervising Adult's Signature (if applicable) _____

Note: Submit this paper log to your teacher or group administrator, or keep for your own records.

Please do not submit to the President's Challenge office. See inside back cover for award ordering information.