



COMMIT TO A HEALTHIER YOU!



I, _____, will be **SODA FREE** this summer.
(print your name)

Instructions: Keep track of your SODA FREE days. Color in a box for every day that you are SODA FREE.

Start Here: How many days did you drink soda or pop during the last 7 days? _____

Write in the dates:	SUN	MON	TUE	WED	THU	FRI	SAT
Week:							
Week:							
Week:							
Week:							
Week:							
Week:							
Week:							

Return completed tracker to recreation center staff the week before school begins to be eligible for raffle prize.

Information based on materials originally developed by Alameda County Public Health Department and the Bay Area Nutrition & Physical Activity Collaborative. Made possible with funding from the Centers for Disease Control and Prevention.

www.gethealthyclarkcounty.org
GET MOVING. BE SAFE. EAT BETTER. LIVE TOBACCO-FREE.



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