



Activity Points Participation Log

Name: _____ Department: _____ Date: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Activity	Opt Date-> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time/Duration							
Points							
Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time/Duration							
Points							
Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time/Duration							
Points							
Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time/Duration							
Points							
Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time/Duration							
Points							
Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time/Duration							
Points							

Total Activity Points: _____

Return completed form to the Parks, Recreation and Cultural Arts Administrative Office at the Gov. Center or email completed form to WellnessPts@ketteringoh.org. Scan or copy of original documents (xls or fill-in pdf) accepted. Please remember to keep a copy for your records.