

Weekly Scorecard

Team Name _____ Team Captain _____

Date _____ Week 1 2 3 4 5 6 7 8

Team Notes _____

Special Achievements _____

Testimonials _____

Comments _____

Team Weekly Tracking Form	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Week Totals
Move Well								
Cardio (1 pt/ 10 min/day)								
Resistance training (1 pt/10 mins/day)								
Stretching (1 pt/10 mins/day)								
Group Exercise Class (1 pt/10 min/day)								
10,000 steps/day (10 pts/day)								
Eat Well								
Complete Breakfast (1 pt/day)								
7+ glasses water (1 pt/day)								
7+ servings fruits/veggies (1 pt/day)								
3 servings whole grains/day (1 pt/day)								
3 dairy servings (1 pt/day)								
5 oz. Protein (1 pt/day)								
1 serving of Fish or Flax (1 pt/day)								
Did not go without food for more than 5 hrs (1 pt/day)								
Quit soda/soft drinks (1 pt/day)								
Think Well Seminars (50 pts/seminar)								
Session 1								
Session 2								
Session 3								
Session 4								
Session 5								
Session 6								
Session 7								
Session 8								
Extra Credit								
Stop Smoking (50 pts/week without any smoking)								
Organized athletic events (10 pts/participation)								
Preventative Screening Tests (10 pts/test)								
% Total Body Weight Team (10 pts/ 1% loss at end of challenge)								
Total Points								

Team Captain: Make 6 copies of tracking form for every week of challenge and have each participant track their own points. Total all your team members on one sheet and fax only the team totals to 203-245-4279. You must have your team totals submitted by