"LIVE FIT, EXERCISE FOR LIFE"

EXERCISE LOG

UNIT OF REPRESENTATION: *make copies as needed*

NAME (LAST) (FIRST) (MIDDLE) **ADDRESS:**

DATE	EXERCISE/ACTIVITY	SETS / REPS	WEIGHT / DISTANCE

Return to: **Taryn Broomfield, State Youth Specialist**
BPSI Contract Employee
2823 West Main Street, Bldg 509
Rapid City, SD 57702

Return by 15 September 2010

PARTICIPANT SIGNATURE: _____

PARENT SIGNATURE: _____