

SNOW DAY CHALLENGE

NAME _____

DATE _____

SCHOOL _____

Snow Day #: _____

PRINT AND COMPLETE FORM OR COPY INFORMATION ONTO A SHEET OF PAPER
& SUBMIT TO PHYSICAL EDUCATION TEACHER UPON YOUR RETURN TO SCHOOL

With your parents permission, send pictures and videos to snowdaychallenge@ercsd.org

Activities Completed	Number of Minutes	Parent Signature

How many total minutes did you move your body? _____