

# Monthly P.E. Log

## LP 1

Dates: 8/15/22 – 9/2/22; 15 Days

Student Name: \_\_\_\_\_

Date: 8/15/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 8/16/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 8/17/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 8/18/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 8/19/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  _____
Date: 8/22/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 8/23/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 8/24/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 8/25/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 8/26/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  _____
Date: 8/29/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 8/30/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 8/31/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 9/1/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 9/2/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  _____  <b>Monthly Total:</b>  _____

# Monthly P.E. Log

## LP 2

Dates: 9/6/22-9/30/22; 19 days

Student Name: \_\_\_\_\_

Date: 9/5/22  HOLIDAY  LABOR DAY	Date: 9/6/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 9/7/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 9/8/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 9/9/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  _____
Date: 9/12/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 9/13/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 9/14/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 9/15/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 9/16/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  _____
Date: 9/19/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 9/20/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 9/21/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 9/22/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 9/23/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  _____
Date: 9/26/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 9/27/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 9/28/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 9/29/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 9/30/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  _____  <b>Monthly Total:</b>  _____

# Monthly P.E. Log

## LP 3

Dates: 10/3/22-10/28/22; 20 days

Student Name: \_\_\_\_\_

Date: 10/3/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 10/4/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 10/5/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 10/6/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 10/7/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  <hr style="width: 100%;"/>
Date: 10/10/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 10/11/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 10/12/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 10/13/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 10/14/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  <hr style="width: 100%;"/>
Date: 10/17/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 10/18/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 10/19/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 10/20/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 10/21/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  <hr style="width: 100%;"/>
Date: 10/24/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 10/25/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 10/26/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 10/27/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 10/28/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  <hr style="width: 100%;"/>  <b>Monthly Total:</b>  <hr style="width: 100%;"/>

# Monthly P.E. Log

## LP 4

Dates: 10/31/22-11/23/22; 16 days

Student Name: \_\_\_\_\_

Date: 10/31/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 11/1/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 11/2/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 11/3/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 11/4/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  <hr style="width: 50%; margin: auto;"/>
Date: 11/7/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 11/8/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 11/9/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 11/10/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>HOLIDAY</b>  <b>VETERANS DAY</b>	<b>Total Weekly Minutes</b>  <hr style="width: 50%; margin: auto;"/>
Date: 11/14/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 11/15/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 11/16/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 11/17/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 11/18/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  <hr style="width: 50%; margin: auto;"/>
Date: 11/21/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 11/22/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>NO SCHOOL</b>  <b>THANKSGIVING</b> <b>BREAK</b>	<b>HOLIDAY</b>  <b>HAPPY</b> <b>THANKSGIVING</b>	<b>NO SCHOOL</b>  <b>THANKSGIVING</b> <b>BREAK</b>	<b>Total Weekly Minutes</b>  <hr style="width: 50%; margin: auto;"/>
Total Time _____					<b>Monthly Total:</b>  <hr style="width: 50%; margin: auto;"/>

# Monthly P.E. Log

## LP 5

Dates: 11/28/22-12/22/22; 19 days

Student Name: \_\_\_\_\_

Date: 11/28/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 11/29/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 11/30/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 12/1/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 12/2/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  <hr style="width: 50%; margin: auto;"/>
Date: 12/5/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 12/6/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 12/7/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 12/8/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 12/9/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  <hr style="width: 50%; margin: auto;"/>
Date: 12/12/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 12/13/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 12/14/22_  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 12/15/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 12/16/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  <hr style="width: 50%; margin: auto;"/>
Date: 12/19/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 12/20/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 12/21/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 12/22/22  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 12/23/22  HOLIDAY  WINTER BREAK	<b>Total Weekly Minutes</b>  <hr style="width: 50%; margin: auto;"/>  <b>Monthly Total:</b>  <hr style="width: 50%; margin: auto;"/>

# Monthly P.E. Log

## LP 6

Dates: 1/9/23–2/3/23; 19 days

Student Name: \_\_\_\_\_

Date: 1/9/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 1/10/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 1/11/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 1/12/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 1/13/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  <hr style="width: 100%;"/>
<b>HOLIDAY</b>  <b>MARTIN LUTHER KING JR. DAY</b>	Date: 1/17/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 1/18/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 1/19/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 1/20/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  <hr style="width: 100%;"/>
Date: 1/23/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 1/24/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 1/25/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 1/26/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 1/27/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  <hr style="width: 100%;"/>
Date: 1/30/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 1/31/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 2/1/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 2/2/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 2/3/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  <hr style="width: 100%;"/>  <b>Monthly Total:</b>  <hr style="width: 100%;"/>

# Monthly P.E. Log

## LP 7

Dates: 2/6/23–3/3/23; 18 days

Student Name: \_\_\_\_\_

Date: 2/6/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 2/7/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 2/8/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 2/9/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 2/10/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  <hr style="width: 100%;"/>
Date: 2/13/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 2/14/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 2/15/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 2/16/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 2/17/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  <hr style="width: 100%;"/>
Date: 2/20/23  <b>HOLIDAY</b>  <b>PRESIDENT'S DAY</b>	Date: 2/21/23  <b>HOLIDAY</b>  <b>PRESIDENT'S DAY</b>	Date: 2/22/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 2/23/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 2/24/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  <hr style="width: 100%;"/>
Date: 2/27/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 2/28/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 3/1/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 3/2/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 3/3/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  <hr style="width: 100%;"/>  <b>Monthly Total:</b>  <hr style="width: 100%;"/>

# Monthly P.E. Log

## LP 8

Dates: 3/6/23–3/31/23; 20 days

Student Name: \_\_\_\_\_

Date: 3/6/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 3/7/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 3/8/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 3/9/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 3/10/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  <hr style="width: 100%;"/>
Date: 3/13/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 3/14/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 3/15/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 3/16/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 3/17/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  <hr style="width: 100%;"/>
Date: 3/20/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 3/21/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 3/22/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 3/23/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 3/24/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  <hr style="width: 100%;"/>
Date: 3/27/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 3/28/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 3/29/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 3/30/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 3/31/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  <hr style="width: 100%;"/>  <b>Monthly Total:</b>  <hr style="width: 100%;"/>



# Monthly P.E. Log

## LP 9

Dates: 4/3/23–4/28/23; 14 days

Student Name: \_\_\_\_\_

Date: 4/3/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 4/4/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 4/5/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 4/6/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 4/7/23  SPRING BREAK   Total Time _____	<b>Total Weekly Minutes</b>  _____
SPRING BREAK	SPRING BREAK	SPRING BREAK	SPRING BREAK	SPRING BREAK	
Date: 4/17/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 4/18/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 4/19/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 4/20/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 4/21/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  _____
Date: 4/24/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 4/25/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 4/26/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 4/27/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 4/28/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  _____  <b>Monthly Total:</b>  _____

# Monthly P.E. Log

## LP 10

Dates: 5/1/23–5/19/23; 15 days

Student Name: \_\_\_\_\_

Date: 5/1/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 5/2/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 5/3/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 5/4/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 5/5/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  <hr style="width: 100%;"/>
Date: 5/8/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 5/9/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 5/10/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 5/11/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 5/12/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  <hr style="width: 100%;"/>
Date: 5/15/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 5/16/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 5/17/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 5/18/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	Date: 5/19/23  <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling  Total Time _____	<b>Total Weekly Minutes</b>  <hr style="width: 100%;"/>  <hr style="width: 100%;"/>  <b>Monthly Total:</b>  <hr style="width: 100%;"/>