Chocolate Milk Health & Nutrition Challenge
Weekly Check List

Swimmer's Name: _____

Practice Group (Circle One): BZ SL GD PRE SR1

Monday, April ___, 2021 – YES _____ NO _____

Tuesday, April ___, 2021 – YES _____ NO _____

Wednesday, April ___, 2021 – YES _____ NO_____

Thursday, April ___, 2021 – YES _____ NO _____

Friday, April ___, 2021 – YES _____ NO _____

Saturday, April___, 2021 – YES _____ NO _____

(RETURN THIS COMPLETED FORM TO YOUR COACH EACH MONDAY AT SWIM PRACTICE)