

Name (print first and last): \_\_\_\_\_

Please mail your calendar by the 4<sup>th</sup> of each month so we receive it in time for the prize drawings on the 10<sup>th</sup> of the month.

MONTH: \_\_\_\_\_



Date	Minutes Walked	Group Walk	Destination Walk	Other Activity
1		<input type="checkbox"/>	<input type="checkbox"/>	
2		<input type="checkbox"/>	<input type="checkbox"/>	
3		<input type="checkbox"/>	<input type="checkbox"/>	
4		<input type="checkbox"/>	<input type="checkbox"/>	
5		<input type="checkbox"/>	<input type="checkbox"/>	
6		<input type="checkbox"/>	<input type="checkbox"/>	
7		<input type="checkbox"/>	<input type="checkbox"/>	
8		<input type="checkbox"/>	<input type="checkbox"/>	
9		<input type="checkbox"/>	<input type="checkbox"/>	
10		<input type="checkbox"/>	<input type="checkbox"/>	
11		<input type="checkbox"/>	<input type="checkbox"/>	
12		<input type="checkbox"/>	<input type="checkbox"/>	
13		<input type="checkbox"/>	<input type="checkbox"/>	
14		<input type="checkbox"/>	<input type="checkbox"/>	
15		<input type="checkbox"/>	<input type="checkbox"/>	
16		<input type="checkbox"/>	<input type="checkbox"/>	
17		<input type="checkbox"/>	<input type="checkbox"/>	
18		<input type="checkbox"/>	<input type="checkbox"/>	
19		<input type="checkbox"/>	<input type="checkbox"/>	
20		<input type="checkbox"/>	<input type="checkbox"/>	
21		<input type="checkbox"/>	<input type="checkbox"/>	
22		<input type="checkbox"/>	<input type="checkbox"/>	
23		<input type="checkbox"/>	<input type="checkbox"/>	
24		<input type="checkbox"/>	<input type="checkbox"/>	
25		<input type="checkbox"/>	<input type="checkbox"/>	
26		<input type="checkbox"/>	<input type="checkbox"/>	
27		<input type="checkbox"/>	<input type="checkbox"/>	
28		<input type="checkbox"/>	<input type="checkbox"/>	
29		<input type="checkbox"/>	<input type="checkbox"/>	
30		<input type="checkbox"/>	<input type="checkbox"/>	
31		<input type="checkbox"/>	<input type="checkbox"/>	

**INSTRUCTIONS:**

1. Print your name and the month you are recording.
2. Enter number of minutes walked on that day.
3. Check "Group Walk" box if you walked with one of your group members on that day.
4. Check "Destination walk" box if you walked to a destination you normally drive to.
5. *OPTIONAL*: Enter number of minutes of other activity.
6. If submitting by mail, send to:

**Dakota County Public Health  
Simple Steps  
1 Mendota Road W., Ste. 410  
West St. Paul, MN 55118-4771**

EXAMPLE				
Date	Minutes Walked	Group Walk	Destination Walk	Other Activity
1	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bike - 20
2	30	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**Questions? Call 651-554-6100.**

Visit [www.DakotaCounty.us](http://www.DakotaCounty.us) for walking tips and resources, including maps of walking trails in Dakota County!