

Eat Right, Play Hard Challenge 2008-2009
We met the challenge!!

Name of school: _____
Name of person completing this participation form: _____

Phone number: _____

E-mail: _____

We participated in these events!

	<i>Date</i>	<i>Number of students participating</i>	<i>Number of others participating (staff, parents)</i>
<i>P.A.C.K. Week</i>			
<i>Walk to/at School Day</i>			
<i>Question of the Day</i>			
<i>Healthy Holiday Food Drive</i>			
<i>Family Day</i>			
<i>Cooking Our Way to a Healthier Life</i>			
<i>Student/Faculty Volleyball Game</i>			
<i>Walk at Work Day</i>			
<i>Project ACES</i>			

In May, return this completed form indicating when you completed at least 6 events to:
 Marge Doremus • Bergen County Department of Health Services • Office of Health Promotion
 327 E. Ridgewood Avenue, Paramus, NJ 07652-4895
 FAX: 201-986-1068

If you would prefer to have a digital copy of this form, contact me at mdoremus@co.bergen.nj.us and I will send you a Word document.