

# Soveya Healthy Habit-a-thon!

September 1 – November 1, 2009

Total points  
\_\_\_\_\_

for week of  
\_\_\_\_\_

Child's name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

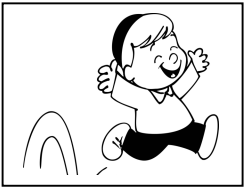
| Activity  | Sun   | Mon   | Tue   | Wed   | Thu   | Fri   | שבת   |
|---|---|---|---|---|---|---|---|
| Ate a healthy breakfast (including whole grain and protein) | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                |
| Ate at least one serving of fruit                           | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                |
| Ate protein at lunch and dinner                             | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                |
| Ate at least one serving of vegetables                      | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                |
| Did not eat candy or drink soda                             | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                |
| Exercised for 15 min. (either in school, and/or at home)    | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                |
| Drank water (at least 3 cups – 8oz each)                    | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                |
| Brushed teeth morning and evening                           | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                |
| Washed hands with soap before eating                        | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                |
| Went to bed on time   | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                | <input type="checkbox"/>                                |
| <b>Sub total:</b>   | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |

**Parent's initials for each day** \_\_\_\_\_

**How it works:**

- Copy a blank version of these forms so you can reuse them.
- Give 1 point for each activity accomplished.
- Add the points for each day and write amount in sub-total box.
- Make sure your parents initial for each day.
- At the end of the week, total up all the points and write amount in box at the top of the page.
- Ask friends, family, & neighbors to sponsor you for each point you earn.
- Submit completed charts together with a check for the donations you have received to:  
SOVEYA, 6209 Western Run Drive, Baltimore, MD 21209
- All participants will receive a prize! Additionally, gift certificates to your local Judaica store will be given to children who:  
Collect \$25 - receive a \$5 gift certificate \*\*Collect \$50 - receive a \$10 gift certificate\*\*Collect \$100 - receive a \$25 gift certificate  
Collect \$200 - receive a \$50 gift certificate\*\*Collect \$500 - receive a \$100 gift certificate





# Soveya Healthy Habit-a-thon!

(Please pledge an amount for each healthy activity that I do)

Name \_\_\_\_\_

Dear Sponsor,

I plan to perform activities which support my health and nutrition in order to raise money for Soveya's SWITCHH program, which is combating childhood obesity around the world. On November 1, 2009, I will tell you how many points I earned and collect your contribution. Make checks payable to Soveya. Soveya is a 501 (c)(3) non-profit organization and all contributions are tax-deductible. Send checks to Soveya, 6209 Western Run Drive, Baltimore, MD 21209.

| Name of Sponsor |         | Pledge per Activity<br>(Example: \$1.00) | Maximum Pledge | Amount Collected from<br>Sponsor |
|-----------------|---------|--|----------------|----------------------------------|
| 1               | Name    |  |                |                                  |
|                 | Address |  |                |                                  |
|                 | Phone # |  |                |                                  |
|                 | Email   |  |                |                                  |
| 2               | Name    |  |                |                                  |
|                 | Address |  |                |                                  |
|                 | Phone # |  |                |                                  |
|                 | Email   |  |                |                                  |
| 3               | Name    |  |                |                                  |
|                 | Address |  |                |                                  |
|                 | Phone # |  |                |                                  |
|                 | Email   |  |                |                                  |
| 4               | Name    |  |                |                                  |
|                 | Address |  |                |                                  |
|                 | Phone # |  |                |                                  |
|                 | Email   |  |                |                                  |
| 5               | Name    |  |                |                                  |
|                 | Address |  |                |                                  |
|                 | Phone # |  |                |                                  |
|                 | Email   |  |                |                                  |
| 6               | Name    |  |                |                                  |
|                 | Address |  |                |                                  |
|                 | Phone # |  |                |                                  |
|                 | Email   |  |                |                                  |

|    |                                     |  |  |  |
|----|-------------------------------------|--|--|--|
| 7  | Name<br>Address<br>Phone #<br>Email |  |  |  |
| 8  | Name<br>Address<br>Phone #<br>Email |  |  |  |
| 9  | Name<br>Address<br>Phone #<br>Email |  |  |  |
| 10 | Name<br>Address<br>Phone #<br>Email |  |  |  |
| 11 | Name<br>Address<br>Phone #<br>Email |  |  |  |
| 12 | Name<br>Address<br>Phone #<br>Email |  |  |  |
| 13 | Name<br>Address<br>Phone #<br>Email |  |  |  |
| 14 | Name<br>Address<br>Phone #<br>Email |  |  |  |