

MOVE
WITH THE
MAYOR™
ROCHESTER

Personal Four Week Goal: _____

Name: _____

Phone: _____ Email: _____

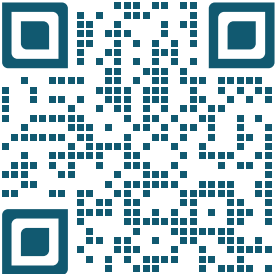
Adult or Youth (Circle one)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Minutes Activity	Minutes Activity	Minutes Activity	Minutes Activity	Minutes Activity	Minutes Activity	Minutes Activity
Minutes Activity	Minutes Activity	Minutes Activity	Minutes Activity	Minutes Activity	Minutes Activity	Minutes Activity
Minutes Activity	Minutes Activity	Minutes Activity	Minutes Activity	Minutes Activity	Minutes Activity	Minutes Activity
Minutes Activity	Minutes Activity	Minutes Activity	Minutes Activity	Minutes Activity	Minutes Activity	Minutes Activity

For four weeks, track your movement and fill in the square with the minutes and the line with the activity performed! Return this sheet for a chance to win prizes.

Mail or drop off at:

Office of the Mayor
 201 4th Street SE
 Rochester, MN 55904



Stamp
Goes
Here

**Office of the Mayor
201 4th Street SE
Rochester, MN 55904**



Feedback regarding Move with the Mayor is welcome!
