



COMMIT TO A HEALTHIER YOU!



I, _____, will be **SODA FREE** this summer.
(print your name)

Instructions: Keep track of your SODA FREE days. Color in a box for every day that you are SODA FREE.

Start Here: How many days did you drink soda or pop during the last 7 days? _____

Write in the dates:	SUN	MON	TUE	WED	THU	FRI	SAT
Week:							
Week:							
Week:							
Week:							
Week:							
Week:							

Scan your tracker sheet and email to: gethealthy@snhdmail.org to be eligible for raffle prizes.

Information based on materials originally developed by Alameda County Public Health Department and the Bay Area Nutrition & Physical Activity Collaborative. Made possible with funding from the Centers for Disease Control and Prevention.

www.gethealthyclarkcounty.org
GET MOVING. BE SAFE. EAT BETTER. LIVE TOBACCO-FREE.



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