



NOVEMBER | GROUP ACTIVITY TRACKER

findingbalancealberta.ca

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | 1 | 2 | 3 |
| | | | | Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> | Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> | Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> | Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> | Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> | Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> | Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> | Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> | Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> | Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> | Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> | Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> | Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> | Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> | Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> | Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> | Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> | Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> | Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> | Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> | Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> |
| 25 | 26 | 27 | 28 | 29 | 30 | |
| Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> | Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> | Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> | Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> | Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> | Participants _____ Minutes _____ Strength <input type="checkbox"/> Balance <input type="checkbox"/> | |