



Activity Points Participation Log

Name: _____ Department: _____ Date: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Activity	Opt Date->						
Time/Duration							
Points							
Activity							
Time/Duration							
Points							
Activity							
Time/Duration							
Points							
Activity							
Time/Duration							
Points							
Activity							
Time/Duration							
Points							

Total Activity Points: _____

NON-ACTIVITY POINTS (Lectures, Screenings, HRA's and etc)
must be entered on the Non-Activity Form

GROUP ACTIVITY EXERCISE POINTS REQUIRE an instructor signature
on the Group Activity Form

Print this form and manually complete it. Return completed forms to the
Parks, Recreation and Cultural Arts Administrative Office at the Government Center.
You may email scanned forms to WellnessPoints@ketteringoh.org.

Please keep a copy for you records.