



NOVEMBER 2009



Name: _____ Room Number: _____ Parent Signature: _____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7	
8	9	10	11	12	13	14	
15	16	17	18	19	20	21	
22	23	24	25	26	27	28	
29	30						

- Baseball
- Basketball
- Bicycle
- Dance
- Exercise
- Football
- Golf
- Gymnastics
- Hiking
- Hockey
- Hula Hoop
- Jump Rope
- Run
- Skate
- Soccer
- Softball
- Swim
- Table Tennis
- Tennis
- Volleyball
- Walking