



OCTOBER 2009



Name: _____ Room Number: _____ Parent Signature: _____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Baseball					1	2	3
Basketball							
Bicycle							
Dance	4	5	6	7	8	9	10
Exercise							
Football							
Golf							
Gymnastics							
Hiking	11	12	13	14	15	16	17
Hockey							
Hula Hoop							
Jump Rope							
Run							
Skate	18	19	20	21	22	23	24
Soccer							
Softball							
Swim							
Table Tennis							
Tennis	25	26	27	28	29	30	31
Volleyball							
Walking							