

# SASKATCHEWAN SENIORS ASSOC. INC.

NAME: \_\_\_\_\_ Birth Date: \_\_\_\_\_

## 2026 SSAI GET ACTIVE CHALLENGE Record Sheet (one per Person)

April, 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	May, 1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	MINUTES GRAND TOTAL:			

Record your TOTAL MINUTES of ACTIVITIES for each day

Please put an X in the boxes for all activities done

<input type="checkbox"/>	Aquacizing	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Sailing
<input type="checkbox"/>	Archery	<input type="checkbox"/>	Golfing	<input type="checkbox"/>	Skating
<input type="checkbox"/>	Badminton	<input type="checkbox"/>	Hockey	<input type="checkbox"/>	Skipping
<input type="checkbox"/>	Baseball	<input type="checkbox"/>	House cleaning	<input type="checkbox"/>	Soccer
<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Hunting	<input type="checkbox"/>	Squash
<input type="checkbox"/>	Bowling	<input type="checkbox"/>	Kayaking	<input type="checkbox"/>	Swimming
<input type="checkbox"/>	Canoeing	<input type="checkbox"/>	Lacrosse	<input type="checkbox"/>	Tennis
<input type="checkbox"/>	Curling	<input type="checkbox"/>	Marathons	<input type="checkbox"/>	Track and field
<input type="checkbox"/>	Cycling	<input type="checkbox"/>	Miniature golf	<input type="checkbox"/>	Volleyball
<input type="checkbox"/>	Dancing	<input type="checkbox"/>	Nintendo Wii Games	<input type="checkbox"/>	Walking
<input type="checkbox"/>	Disc golf	<input type="checkbox"/>	Pickleball	<input type="checkbox"/>	Water skiing
<input type="checkbox"/>	Exercising	<input type="checkbox"/>	Ping Pong	<input type="checkbox"/>	Weightlifting
<input type="checkbox"/>	Floor hockey	<input type="checkbox"/>	Rodeo sports	<input type="checkbox"/>	Wheelchair sports
<input type="checkbox"/>	Football	<input type="checkbox"/>	Rowing	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Frisbee	<input type="checkbox"/>	Running	<input type="checkbox"/>	Other (list below)