

## Family Get Fit Achievement Program

Family Name: (Print) \_\_\_\_\_ Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: (Print) \_\_\_\_\_ Telephone: \_\_\_\_\_ Sponsor: (Print) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_ 3 months starting \_\_\_\_\_ to \_\_\_\_\_

Family Point count by calendar day

Member	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	31	Total
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**To qualify for:**

Bronze Family Award _____ 30 pts.	= _____ pts
Silver Family Award _____ 60 pts.	= _____ pts
Gold Family Award _____ 90 pts.	= _____ pts
Platinum Family Award _____ 120 pts.	= _____ pts
Platinum Plus Family Award _____ 150 pts.	= _____ pts

number of family members  
 X \_\_\_\_\_  
 X \_\_\_\_\_  
 X \_\_\_\_\_  
 X \_\_\_\_\_  
 X \_\_\_\_\_

1<sup>st</sup> month

2<sup>nd</sup> month

3<sup>rd</sup> month

4<sup>th</sup> month

After completion, please circle Family Award qualified for.

Family Total =

**After completion**, please sign, date, and keep a copy of this form for your records. Please take or mail this form to the Printer

listed on the instruction sheet or the *FamilyGetFit.com* website. Expect to receive your "Family Get Fit" certificate within 3 week by mail.