



# HEALTHY HOLIDAY 40-Day CHALLENGE

NAME

Start Date


	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6
WEIGHT						
AMT OF GAIN (+) OR LOSS (-)						
RUNNING TOTAL						
DAILY PRAYER						
DAILY LIVE IT TRACKER						
DWELL ON SCRIPTURE						
REMAIN ACTIVE: Minutes/Miles/Steps/Days						
WEEKLY CHALLENGE:						

*Fill in each square at the end of the week*

**WEIGH IN WEEKLY** - We suggest the same day and time

**DAILY LIVE IT TRACKER** - How many days did you complete your tracker?

**DWELL ON SCRIPTURE** - How many days did you read, review, write out your scripture

**REMAIN ACTIVE** - Record in Minutes/Miles/Steps/or # of Days you did physical activity.

**WEEKLY CHALLENGE** - Did you do the challenge?

Record any notes you want to remember


