

Advanced Tracking Sheet



Team Name _____ Team Captain Name _____ Phone/Email _____

This form should be used by Team Captains to record weekly fruit and vegetable consumption for each team member, and turned in to your Program Coordinator at the end of the 10-week program.

Participant Name	Daily Goal (Cups)	Weekly Goal (Cups)	Week 1 Total Cups	Week 2 Total Cups	Week 3 Total Cups	Week 4 Total Cups	Week 5 Total Cups	Reset Goal? No/ New Goal	Week 6 Total Cups	Week 7 Total Cups	Week 8 Total Cups	Week 9 Total Cups	Week 10 Total Cups	Number of Weeks Goal was Met or Exceeded

For more information about fruits, vegetables, and physical activity, visit us at www.cachampionsforchange.net or call 1-888-328-3483. Funded by the USDA's Food Stamp Program, an equal opportunity provider and employer.