

## **Take Action! Registration Form**



Welcome to *Take Action!* Please complete this form to register for the program. Your responses will be kept confidential.

1. All About \ Name:										
Work Phone/E-Mail:										
Team Name:										
Gender:	■ Male ■	Female								
Age: 🗖 Un	nder 25	25 - 34	□ 35 - 44	<b>45</b> - 54	<b>1</b> 55 c	or over				
Ethnicity:	Ethnicity:				<ul><li>☐ Asian/Pacific Islander</li><li>☐ Caucasian/White</li><li>☐ Other</li></ul>					
For the ne	xt week, recor	rd the number	eles do you eat or of cups of fruit vill help you to s	ts and vegetal	oles you eat.	Then add up	the			
		½ cup	= the size of	your cupped	hand					
Number of	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
Number of Cups Fruits	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
Cups	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
Cups Fruits	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			



## Take Action! Registration Form (continued)



Name:											
4. My Fruit and Vege Based on how ma to eat every day, o should eat.	ny cups	of fruits	_		-	-			-		
CIRCLE THE GOAL	THAT'S	RIGHT	FOR Y	OU.							
Daily Cups: 1	11/2	2	21/2	3	3½	4	41/2	5	5½	6	61/2
My goal is to eat	_ cups of	fruits ar	nd veget	ables ev	ery day	for the r	next 10	weeks!			
Three steps I need to take to meet my goal: (example: 1. pack healthy snacks, 2. write a shopping list with lots of fruits and vegetables, 3. find a buddy to support my efforts to eat healthier)											
1											
2											
3. My buddy's name:											
My reward for meetin (examples: go dancin			vity with	my fam	nily)						

Thank You! Please return this form to your Team Captain.

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.