

October 1 - 31, 2024

# Healthy Workplace Month Challenge



Life is busy, noisy, confusing, and increasingly scary. How do we keep focused, connected, and productive at work and at home when we are inundated with all the things we're faced with everyday?

Complete the workout of the day, check the corresponding box ☐ and enter the mystery word in the blank space.

Submit your completed calendar by Nov 4, 2024 11:59 PM ET to [CAFFITNESS\\_FACENFORME@CFMWS.COM](mailto:CAFFITNESS_FACENFORME@CFMWS.COM) for a chance to win CAF Fitness prizes! For full contest rules, visit our website. Good luck and have fun!



October 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 <input type="checkbox"/> <input type="text"/>	2 <input type="checkbox"/> <input type="text"/>	3 <input type="checkbox"/> <input type="text"/>	4 <input type="checkbox"/> <input type="text"/>	5 <input type="checkbox"/> <input type="text"/>
6 <input type="checkbox"/> <input type="text"/>	7 <input type="checkbox"/> <input type="text"/>	8 <input type="checkbox"/> <input type="text"/>	9 <input type="checkbox"/> <input type="text"/>	10 <input type="checkbox"/> <input type="text"/>	11 <input type="checkbox"/> <input type="text"/>	12 <input type="checkbox"/> <input type="text"/>
13 <input type="checkbox"/> <input type="text"/>	14 <input type="checkbox"/> <input type="text"/>	15 <input type="checkbox"/> <input type="text"/>	16 <input type="checkbox"/> <input type="text"/>	17 <input type="checkbox"/> <input type="text"/>	18 <input type="checkbox"/> <input type="text"/>	19 <input type="checkbox"/> <input type="text"/>
20 <input type="checkbox"/> <input type="text"/>	21 <input type="checkbox"/> <input type="text"/>	22 <input type="checkbox"/> <input type="text"/>	23 <input type="checkbox"/> <input type="text"/>	24 <input type="checkbox"/> <input type="text"/>	25 <input type="checkbox"/> <input type="text"/>	26 <input type="checkbox"/> <input type="text"/>
27 <input type="checkbox"/> <input type="text"/>	28 <input type="checkbox"/> <input type="text"/>	29 <input type="checkbox"/> <input type="text"/>	30 <input type="checkbox"/> <input type="text"/>	31 <input type="checkbox"/> <input type="text"/>		



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