



Adult Water Pledge

What do you usually drink daily? _____

How many glasses/cups do you drink per day # _____

I, _____ pledge to drink more water daily.

I will drink (#) _____ glasses of water per day.

Signature: _____ Date: _____

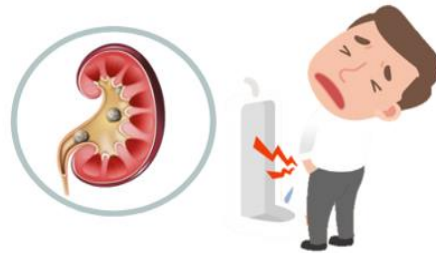
Event/Agency: _____ Phone # _____

Some of the Benefits of Drinking Water # of Glasses per Day _____

Helps prevent headaches



Prevents kidney stones



Prevents tooth decay



It keeps me hydrated





Child Water Pledge

What do you usually drink daily? _____

How many glasses/cups do you drink per day # _____

I, _____ pledge to drink more water daily.

I will drink (#) _____ glasses of water per day.

Signature: _____ Date: _____

Event/Agency: _____

Name of the Parent: _____

Parent's phone #: _____

Some of the Benefits of Drinking Water # of Glasses per Day _____

It keeps you Hydrated!



It keeps you Healthy



Prevents Tooth Decay and Bad Breath

