



BIKE TO WORK

NAME/DEPT: _____

MONTH: _____

HOW MANY TIMES DO YOU PICK UP THE BIKE IN 4 WEEKS?

WEEK 1

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WEEK 2

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WEEK 3

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WEEK 4

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

JUMP ON YOUR BIKE AND PEDAL FAST -
YOU'LL FEEL BETTER. MAKE IT LAST!



OFFICEFIT
STAY ACTIVE WHILE WORKING



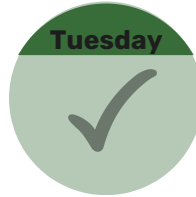
BIKE TO WORK

NAME/DEPT: _____

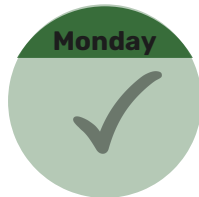
MONTH: _____

WHO PICKS UP THE BIKE THE MOST TIMES IN 4 WEEKS?

WEEK 1



WEEK 2



WEEK 3



WEEK 4



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