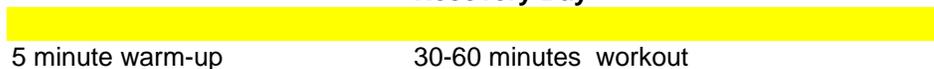


Name \_\_\_\_\_  
Date \_\_\_\_\_

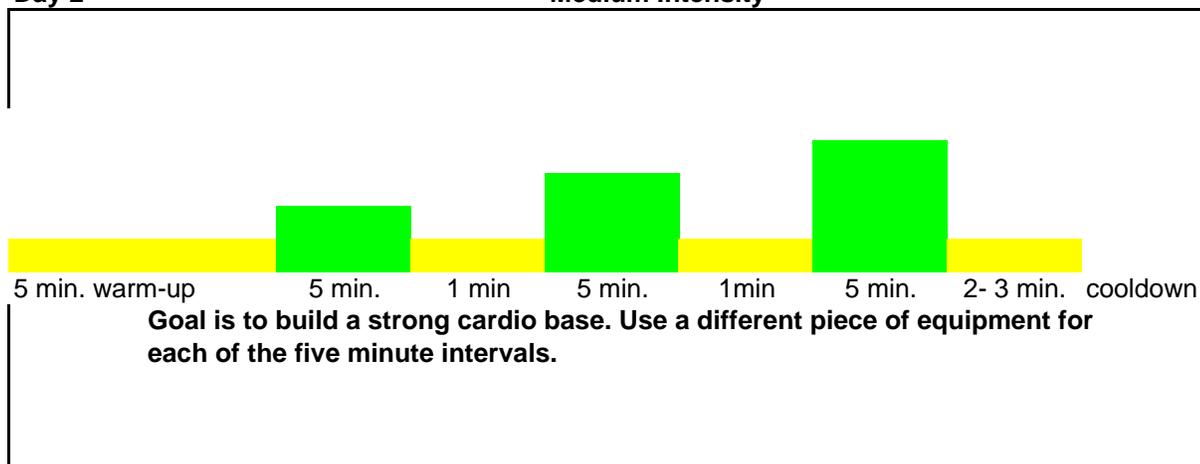
## Week 10

Zone 1	Recovery		Heart Rate _____
Zone 2	Anaerobic Threshold		Heart Rate _____
Zone 3	Peak/ Interval		Heart Rate _____

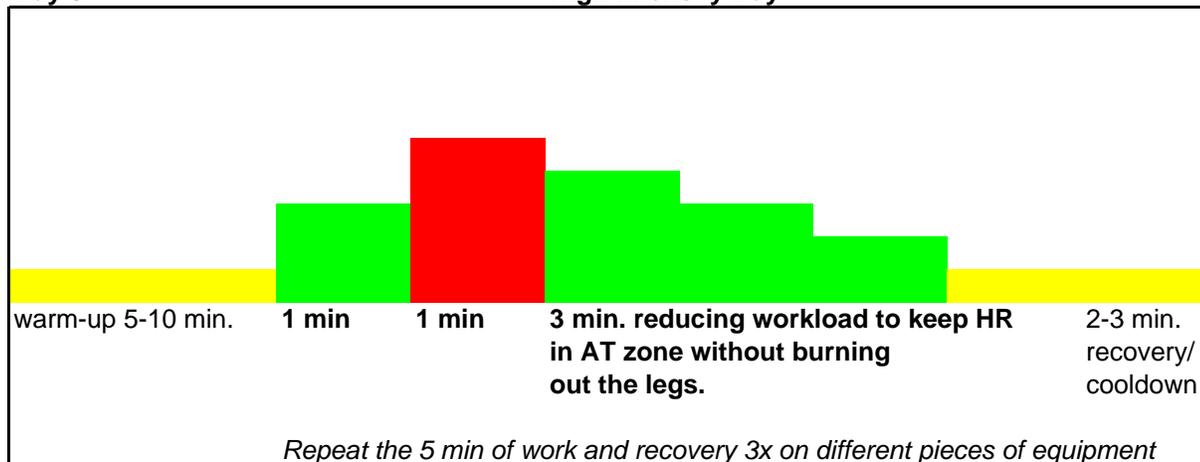
Day 1 **Recovery Day**



Day 2 **Medium Intensity**



Day 3 **High Intensity Day**



**Rotate the three workouts**