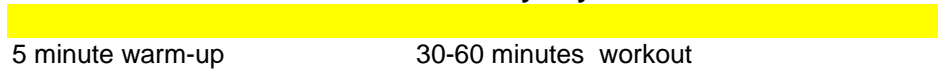


Name \_\_\_\_\_  
Date \_\_\_\_\_

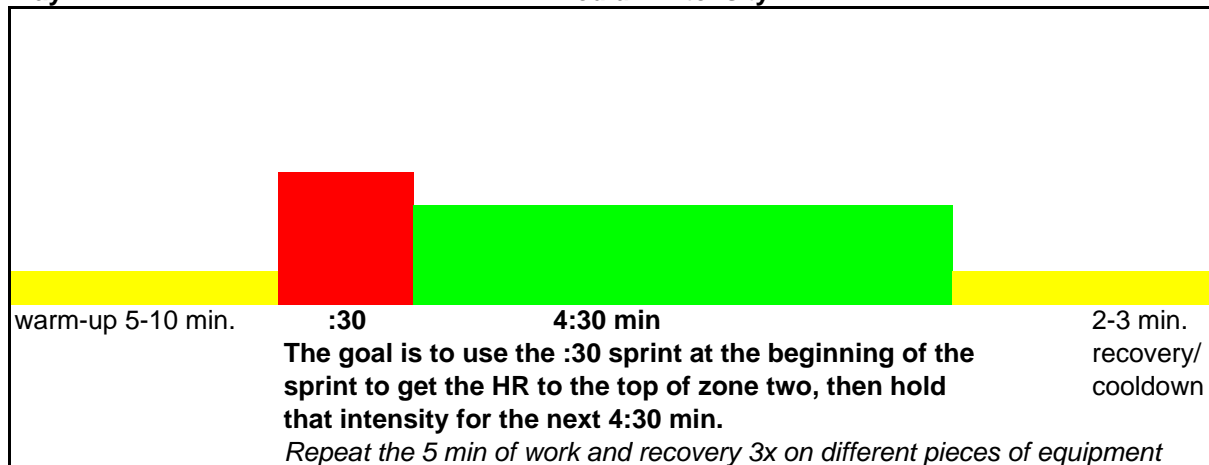
## Week 5

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

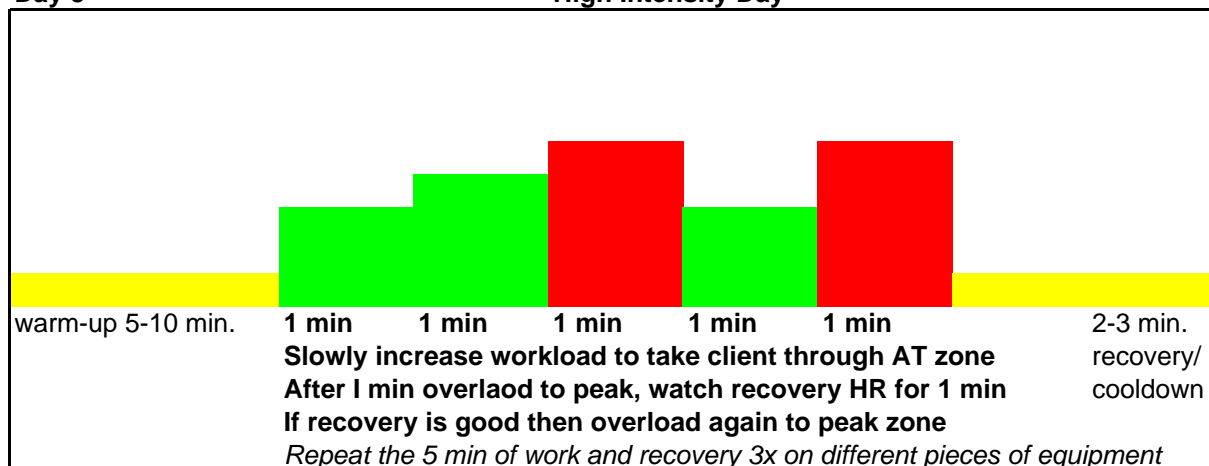
### Day 1 Recovery Day



### Day 2 Medium Intensity



### Day 3 High Intensity Day



***Rotate the three workouts***