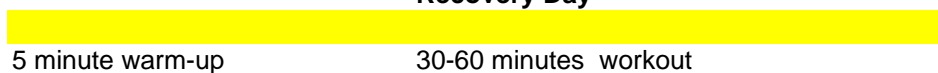


Name _____
Date _____

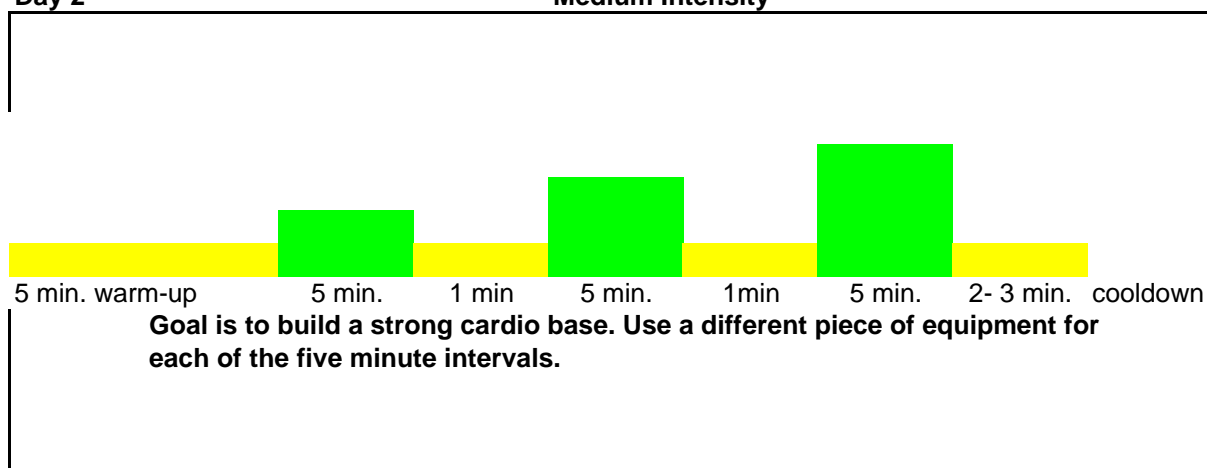
Week 10

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

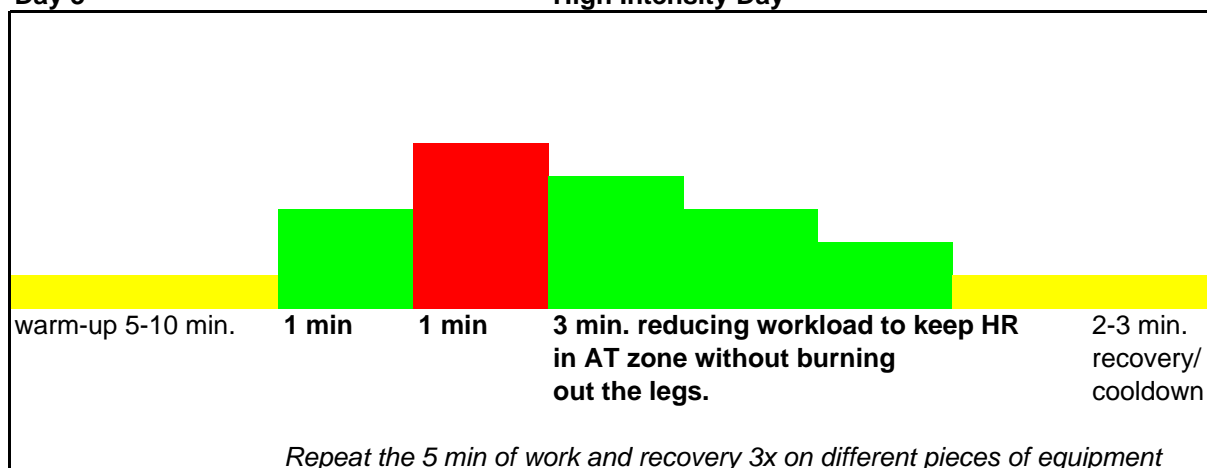
Day 1 Recovery Day



Day 2 Medium Intensity



Day 3 High Intensity Day



Rotate the three workouts