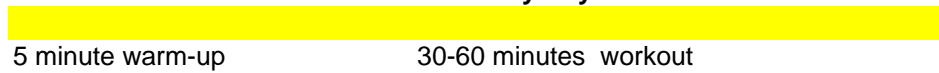


Name _____
Date _____

Week 1

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**

