



COMMIT TO A HEALTHIER YOU!

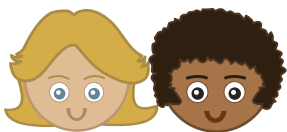


I, _____, will be **SODA FREE** this summer.
(print your name)

Instructions: Keep track of your SODA FREE days. Color in a box for every day that you are SODA FREE.

Start Here: How many days did you drink soda or pop during the last 7 days? _____

Write in the dates:	SUN	MON	TUE	WED	THU	FRI	SAT
Week:							
Week:							
Week:							
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