

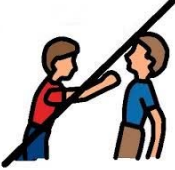
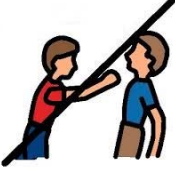
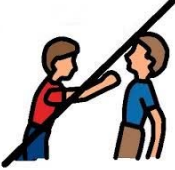


I Didn't Hit Today!

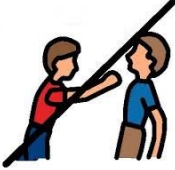
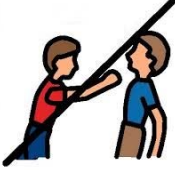
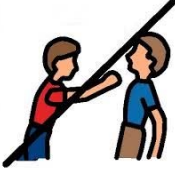


Name _____

Date _____

Name _____

Date _____

	Monday Before lunch <input type="checkbox"/> <input type="checkbox"/> After Lunch <input type="checkbox"/> <input type="checkbox"/>
	Tuesday Before Lunch <input type="checkbox"/> <input type="checkbox"/> After Lunch <input type="checkbox"/> <input type="checkbox"/>
	Wednesday Before Lunch <input type="checkbox"/> <input type="checkbox"/> After Lunch <input type="checkbox"/> <input type="checkbox"/>
	Thursday Before Lunch <input type="checkbox"/> <input type="checkbox"/> After Lunch <input type="checkbox"/> <input type="checkbox"/>
	Friday Before Lunch <input type="checkbox"/> <input type="checkbox"/> After Lunch <input type="checkbox"/> <input type="checkbox"/>

	Monday Before lunch <input type="checkbox"/> <input type="checkbox"/> After Lunch <input type="checkbox"/> <input type="checkbox"/>
	Tuesday Before Lunch <input type="checkbox"/> <input type="checkbox"/> After Lunch <input type="checkbox"/> <input type="checkbox"/>
	Wednesday Before Lunch <input type="checkbox"/> <input type="checkbox"/> After Lunch <input type="checkbox"/> <input type="checkbox"/>
	Thursday Before Lunch <input type="checkbox"/> <input type="checkbox"/> After Lunch <input type="checkbox"/> <input type="checkbox"/>
	Friday Before Lunch <input type="checkbox"/> <input type="checkbox"/> After Lunch <input type="checkbox"/> <input type="checkbox"/>