

Commit to a Healthier You!

I, _____, will be **SODA FREE** this summer.

(print your name)



Drink water!
Drink milk!

Keep track of your soda free days!

Color in a box for every day that you are soda free!

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

Total number of days I was soda free: _____

Don't stop now! Be soda free... all year long!

