Team Participation Record May 31 - June 6, 2010

Bike to Work week™

Team Name:_____ **Team Leader:**_____

Please check off the days you bike to work during this week
* Please keep track of the number of employees at work each day so we can calculate your participation rate

	A	B	C	D	E	F	G	H	I	J	K	L
	Cyclist name	Distance between home and work 1-way in km	First time commuter cyclist? ✓	Female ✓	Male ✓	Mon. ✓	Tues. ✓	Wed. ✓	Thurs. ✓	Fri. ✓	Sat. ✓	Sun. ✓
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Leaders, please summarize for your team.

Total # of cyclists (Column A)_____

Total # of First Time Cyclists (Column C)_____

Total # of Female Cyclists (Column D)_____

Total # of Male cyclists (Column E)_____

Distances: We will randomly select teams to provide us with this information

If you have a 5 day work week, please record Monday through Friday. Otherwise, fill out Monday through Sunday.	E	F	G	H	I	J	K
	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Daily Total # of Cyclists							
*Daily Total # of employees at work							

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