



VITAMARK INTERNATIONAL®

30 Day Weight Loss Challenge TRACKER

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	DAY 8	DAY 9	DAY 10
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
WEIGHT:	WEIGHT:	WEIGHT:	WEIGHT:	WEIGHT:	WEIGHT:	WEIGHT:	WEIGHT:	WEIGHT:	WEIGHT:

DAY 11	DAY 12	DAY 13	DAY 14	DAY 15	DAY 16	DAY 17	DAY 18	DAY 19	DAY 20
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
WEIGHT:	WEIGHT:	WEIGHT:	WEIGHT:	WEIGHT:	WEIGHT:	WEIGHT:	WEIGHT:	WEIGHT:	WEIGHT:

DAY 21	DAY 22	DAY 23	DAY 24	DAY 25	DAY 26	DAY 27	DAY 28	DAY 29	DAY 30
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
WEIGHT:	WEIGHT:	WEIGHT:	WEIGHT:	WEIGHT:	WEIGHT:	WEIGHT:	WEIGHT:	WEIGHT:	WEIGHT:

INSTRUCTIONS

For each meal you replace with an Appetizer Diet Cookie and Shake, put an X in the numbered square for the appropriate day. Weigh yourself and record the result in the space provided. After you complete the 30 Day Weight Loss Challenge, subtract the total weight on Day 30 from the weight on Day 1, then copy your total weight loss in the space provided beneath the dotted line. Detach the bottom of the form and send it to Vitamark International®.

Hey Vitamark!

I did it! Thirty days ago you challenged me to replace two meals a day with the Appetizer Diet Cookie and Shake, and I rose to the challenge. I've recorded the total number of POUNDS I lost in the space below, so please enter me in the drawing for a FREE YEAR of Appetizer Diet Cookies and Shakes!

TOTAL WEIGHT LOST:		LBS.
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NAME	AFFILIATE ID #
ADDRESS	CITY, STATE, ZIP