

Team Participation Record

May 30 - June 5, 2011



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? <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Mon. <input type="checkbox"/>	Tues. <input type="checkbox"/>	Wed. <input type="checkbox"/>	Thurs. <input type="checkbox"/>	Fri. <input type="checkbox"/>	Sat. <input type="checkbox"/>	Sun. <input type="checkbox"/>
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

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) _____

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							

