# Drop the Pop

# Sign up Sheet

To display in the classroom

**Instructions for teachers and students**
Put a check mark for each day during which the student did not consume any ***sugary beverages***.

| STUDENT'S NAME | DAY 1 | DAY 2 | DAY 3 | DAY 4 | DAY 5 |
|---|---|---|---|---|---|
| Ex.: Teddy Loon | X | X | | X | X |
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