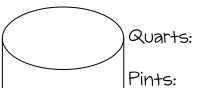
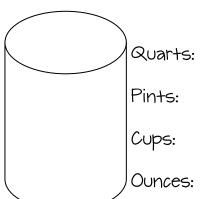
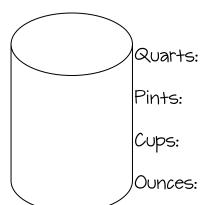
Day: ____



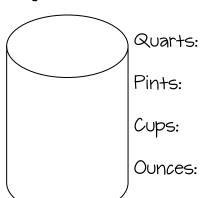
Cups: Ounces:

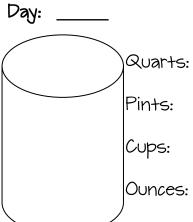


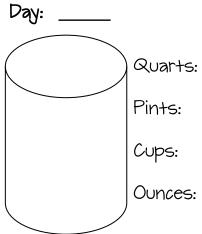




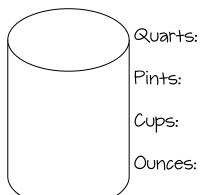
Day: ____



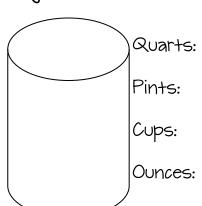




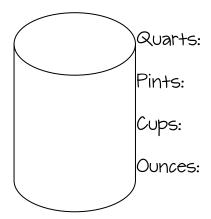
Day: ____



Day: ____



Day: ____



Name:	February Me	easurement Sheet
Day:	Day:	Day:
Quarts:	Quarts:	Quarts:
Pints:	Pints:	Pints:
Cups:	Cups:	Cups:
Ounces:	Ounces:	Ounces:
Day:	Day:	Day:
Quarts:	Quarts:	Quarts:
Pints:	Pints:	Pints:
Cups:	Cups:	Cups:
Ounces:	Ounces:	Ounces:
Day:	Day:	Day:
Quarts:	Quarts:	Quarts:
Pints:	Pints:	Pints:
Cups:	Cups:	Cups:

Ounces:

Ounces:

Ounces: