





YEAR _____

MONTH _____

 MONDAY	<input type="checkbox"/>	<input type="checkbox"/>
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	PM	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	

 TUESDAY	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	

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	PM	<input type="checkbox"/>
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AM	<input type="radio"/>	<input type="radio"/>
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PM	<input type="radio"/>	<input type="radio"/>
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AM	<input type="radio"/>	<input type="radio"/>
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 SATURDAY	<input type="radio"/>	<input type="radio"/>
AM	<input type="radio"/>	<input type="radio"/>
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 SUNDAY	<input type="radio"/>	<input type="radio"/>
AM	<input type="radio"/>	<input type="radio"/>
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