



Month: _____

Name: _____

Notes: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Min/Cals
Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	_____/_____ _____
Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	_____/_____ _____
Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	_____/_____ _____
Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	_____/_____ _____
Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	Act Cals _____ Total _____ Act Min _____ Act Type _____	_____/_____ _____

“Questions?” “Need motivation?” Call 619-209-2800 ext. _____