



Today's Plan

Date: ___ / ___ / ____

S M T W T F S

Must Do: 1. _____ 2. _____ 3. _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left; padding: 2px;">Exercise</td> <td style="text-align: right; padding: 2px;">Minutes</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Cardio</td> <td style="text-align: right; padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Strength</td> <td style="text-align: right; padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Flexibility</td> <td style="text-align: right; padding: 2px;">_____</td> </tr> </table>	Exercise	Minutes	<input type="checkbox"/> Cardio	_____	<input type="checkbox"/> Strength	_____	<input type="checkbox"/> Flexibility	_____
Exercise	Minutes								
<input type="checkbox"/> Cardio	_____								
<input type="checkbox"/> Strength	_____								
<input type="checkbox"/> Flexibility	_____								

Plan of Action

7am: _____	3pm: _____
8am: _____	4pm: _____
9am: _____	5pm: _____
10am: _____	6pm: _____
11am: _____	7pm: _____
12pm: _____	8pm: _____
1pm: _____	9pm: _____
2pm: _____	10pm: _____

© AllAboutTheHouse