



Today's Plan

Date: ___ / ___ / ___

S M T W T F S

<p>Must Do:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<table border="0"> <tr> <td style="border: none;">Exercise</td> <td style="border: none;">Minutes</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Cardio</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Strength</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Flexibility</td> <td style="border: none;">_____</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: _____

<p>To Do's:</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>	<p>Notes</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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