

Date: _____

S M T W T F S

Today's Plan



Must Do's:

- 1) _____
- 2) _____
- 3) _____

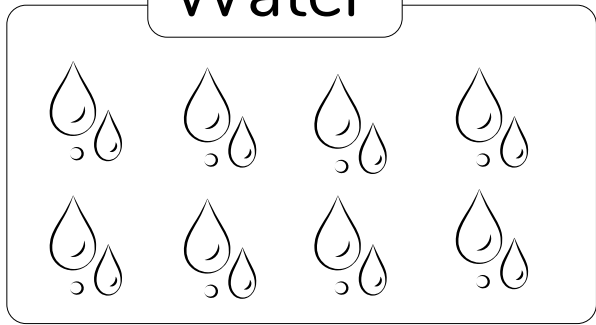


If Time:

- 1) _____
- 2) _____
- 3) _____



Water



Meals

B:

L:

D:

