PERSONAL WORKOUT PLAN

Name _____ Today's Date _____

Goal _____ Target Date _____

Monthly Goal _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

MONTHLY PLAN	
PT Sessions	
Total Workouts	

BEGINNING-OF-MONTH MEASUREMENTS	
Weight	
BF%	
Other	

END-OF-MONTH MEASUREMENTS	
Weight	
BF%	
Other	

Notes _____

_____

_____

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