

GROUP NOTES

Monday Kick-Off/Time : AM t o : AM - Topic:
Monday A .M. Time 10:00 AM t o 12:00 PM - Topic:
Monday P .M. Time 2:00 P M t o 4:00 PM - Topic:
Tuesday Kick-Off/Time : AM t o : AM - Topic:
Tuesday A.M. Time 10:00 AM t o 12:00 PM - Topic:
Tuesday P .M. Time 2:00 P M t o 4:00 PM - Topic:
Wednesday Kick -Off/Time : AM t o : AM - Topic:
Wednes day A.M. Time 10:00 AM t o 12:00 PM - Topic:
Wednes day P .M. Time 2:00 P M t o 4:00 PM – Topic:

_____ / ____ / ____ thru _____ / ____ / _____

CLIENT NAME THE WEEK OF

GROUP NOTES

Thursday Kick-Off/Time : AM t o : AM - Topic:
Thursday A .M. Time 10:00 AM t o 12:00 PM - Topic:
Thursday P .M. Time 2:00 P M t o 4:00 PM - Topic:
Friday Kick-Off/Time : AM t o : AM - Topic:
Friday A.M. Time 10:00 AM t o 12:00 PM - Topic:
Friday P .M. Time 2:00 P M t o 4:00 PM - Topic:
Saturday Kick-Off/Time : AM t o : AM - Topic:
Saturday A.M. Time 10:00 AM t o 12:00 PM - Topic:
Sunday Time : t o : - Topic:
Day : Time : t o : (Wkly Pick-up) Topic:

_____ / ____ / ____ thru ____ / ____ / ____

CLIENT NAME THE WEEK OF