



IF FOUND, PLEASE RETURN TO:

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2025

JANUARY

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

FEBRUARY

S	M	T	W	T	F	S
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2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
	30	31				

MARCH

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	30	31				

APRIL

S	M	T	W	T	F	S
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MAY

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JUNE

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JULY

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AUGUST

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SEPTEMBER

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OCTOBER

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NOVEMBER

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DECEMBER

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21 DAY HABIT TRACKER

Day	NOTES																				
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2026

JANUARY

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FEBRUARY

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MARCH

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APRIL

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MAY

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JUNE

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JULY

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AUGUST

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SEPTEMBER

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OCTOBER

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NOVEMBER

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DECEMBER

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TASK MANAGER

2027

FEBRUARY						
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TASK:

APRIL						
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MAY						
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JUNE						
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TASK:

JULY						
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AUGUST						
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SEPTEMBER						
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TASK:

NOVEMBER						
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DECEMBER						
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20	21	22	23	24	25	
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PROJECT MANAGER

Project Name:	_____
Target Completion Date:	_____
Project Summary	_____

TASK TRACKING

DUE DATE	TASK
<input type="checkbox"/>	_____

NOTES

IDEAS & SKETCHES

2028

JANUARY

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FEBRUARY

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27	28	29				

MARCH

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APRIL

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MAY

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JUNE

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4	5	6	7	8	9	10
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JULY

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AUGUST

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SEPTEMBER

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OCTOBER

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NOVEMBER

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DECEMBER

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31						

2025 CALENDAR

S	M	T	W	T	F	S
JANUARY			1	2	3	4
	5	6	7	8	9	10
	12	13	14	15	16	17
	19	20	21	22	23	24
	26	27	28	29	30	31
FEBRUARY	2	3	4	5	6	7
	9	10	11	12	13	14
	16	17	18	19	20	21
	23	24	25	26	27	28
	2	3	4	5	6	7
MARCH	9	10	11	12	13	14
	16	17	18	19	20	21
	23	24	25	26	27	28
	30	31	1	2	3	4
	6	7	8	9	10	11
APRIL	13	14	15	16	17	18
	20	21	22	23	24	25
	27	28	29	30	1	2
	4	5	6	7	8	9
	11	12	13	14	15	16
MAY	18	19	20	21	22	23
	25	26	27	28	29	30
	1	2	3	4	5	6
	8	9	10	11	12	13
	15	16	17	18	19	20
JUNE	22	23	24	25	26	27
	29	30				

TO DO LIST

Date: _____

TO DO LIST

Date: _____

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JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

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27	28	29	30	31	1	2
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10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	1	2	3	4	5	6
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2026 CALENDAR

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JANUARY					1	2	3	
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FEBRUARY	1	2	3	4	5	6	7	
	8	9	10	11	12	13	14	
	15	16	17	18	19	20	21	
	22	23	24	25	26	27	28	
MARCH	1	2	3	4	5	6	7	
	8	9	10	11	12	13	14	
	15	16	17	18	19	20	21	
	22	23	24	25	26	27	28	
	29	30	31	1	2	3	4	
APRIL	5	6	7	8	9	10	11	
	12	13	14	15	16	17	18	
	19	20	21	22	23	24	25	
	26	27	28	29	30	1	2	
MAY	3	4	5	6	7	8	9	
	10	11	12	13	14	15	16	
	17	18	19	20	21	22	23	
	24	25	26	27	28	29	30	
JUNE	31	1	2	3	4	5	6	
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	14	15	16	17	18	19	20	
	21	22	23	24	25	26	27	
	29	29	30					

Friday Saturday

		Class _____
		Location _____
		Professor _____
7:00 AM		
7:30 AM		
8:00 AM		
8:30 AM	Class	_____
9:00 AM	Location	_____
9:30 AM	Professor	_____
10:00 AM		
10:30 AM	Class	_____
11:00 AM	Location	_____
11:30 AM	Professor	_____
12:00 PM		
12:30 PM	Class	_____
1:00 PM	Location	_____
2:30 PM	Professor	_____
3:00 PM		
3:30 PM	Class	_____
4:00 PM	Location	_____
4:30 PM	Professor	_____
5:00 PM		
5:30 PM	Class	_____
6:00 PM	Location	_____
6:30 PM	Professor	_____
7:00 PM		
7:30 PM	Class	_____
8:00 PM	Location	_____
	Professor	_____

SEMESTER SCHEDULE

Semester _____ Year _____
 Finals Start _____ Finals End _____

Monday Tuesday Wednesday Thursday

7:00 AM			
7:30 AM			
8:00 AM			
8:30 AM			
9:00 AM			
9:30 AM			
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26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

2027 CALENDAR

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JANUARY							
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	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	1	2	3	4	5	6
FEBRUARY							
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31	1	2	3
MARCH							
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	1
APRIL							
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
MAY							
	30	31	1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
JUNE							
	27	28	29	30			

WEEKLY ASSIGNMENTS

Week of: _____

HOMEWORK PLANNER

CLASS	DUE DATE	ASSIGNMENT
<input type="checkbox"/>		

S	M	T	W	T	F	S
			1	2	3	
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

2028 CALENDAR

	S	M	T	W	T	F	S	
JANUARY								1
	2	3	4	5	6	7	8	
	9	10	11	12	13	14	15	
	16	17	18	19	20	21	22	
	23	24	25	26	27	28	29	
	30	31	1	2	3	4	5	
FEBRUARY								
	6	7	8	9	10	11	12	
	13	14	15	16	17	18	19	
	20	21	22	23	24	25	26	
	27	28	29	1	2	3	4	
	5	6	7	8	9	10	11	
MARCH								
	12	13	14	15	16	17	18	
	19	20	21	22	23	24	25	
	26	27	28	29	30	31	1	
	2	3	4	5	6	7	8	
	9	10	11	12	13	14	15	
APRIL								
	16	17	18	19	20	21	22	
	23	24	25	26	27	28	29	
	30	1	2	3	4	5	6	
	7	8	9	10	11	12	13	
MAY								
	14	15	16	17	18	19	20	
	21	22	23	24	25	26	27	
	28	29	30	31	1	2	3	
	4	5	6	7	8	9	10	
JUNE								
	11	12	13	14	15	16	17	
	18	19	20	21	22	23	24	
	25	26	27	28	29	30	1	

S	M	T	W	T	F	S
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

JULY

AUGUST

SEPTEMBER

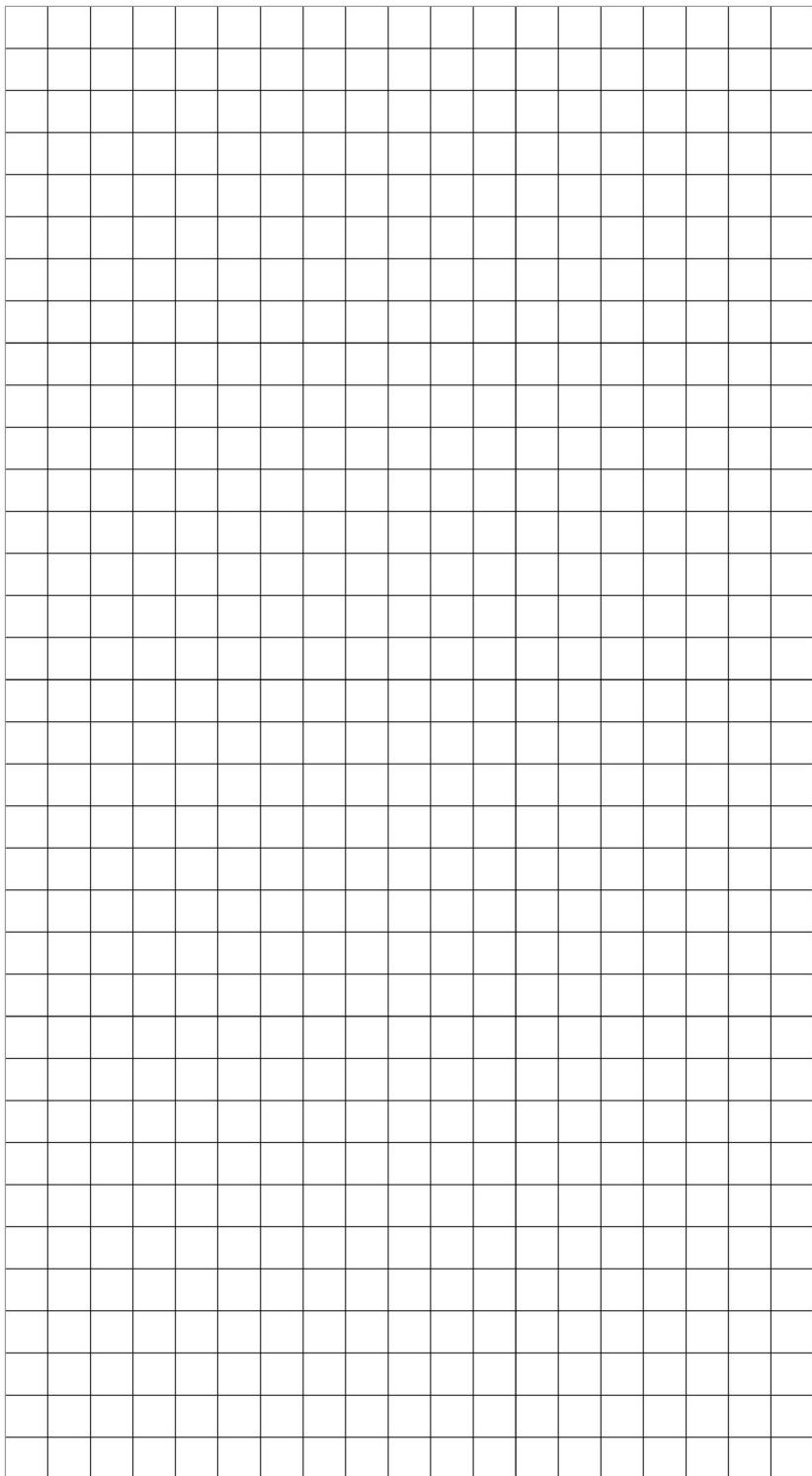
OCTOBER

NOVEMBER

DECEMBER

YEARLY CALENDAR

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9
10	10	10	10	10	10
11	11	11	11	11	11
12	12	12	12	12	12
13	13	13	13	13	13
14	14	14	14	14	14
15	15	15	15	15	15
16	16	16	16	16	16
17	17	17	17	17	17
18	18	18	18	18	18
19	19	19	19	19	19
20	20	20	20	20	20
21	21	21	21	21	21
22	22	22	22	22	22
23	23	23	23	23	23
24	24	24	24	24	24
25	25	25	25	25	25
26	26	26	26	26	26
27	27	27	27	27	27
28	28	28	28	28	28
29	29	29	29	29	29
30		30	30	30	30
31		31		31	

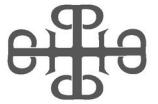


Year: _____

JULY AUGUST SEPTEMBER OCTOBER NOVEMBER DECEMBER

1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9
10	10	10	10	10	10
11	11	11	11	11	11
12	12	12	12	12	12
13	13	13	13	13	13
14	14	14	14	14	14
15	15	15	15	15	15
16	16	16	16	16	16
17	17	17	17	17	17
18	18	18	18	18	18
19	19	19	19	19	19
20	20	20	20	20	20
21	21	21	21	21	21
22	22	22	22	22	22
23	23	23	23	23	23
24	24	24	24	24	24
25	25	25	25	25	25
26	26	26	26	26	26
27	27	27	27	27	27
28	28	28	28	28	28
29	29	29	29	29	29
30	30	30	30	30	30
31	31		31		31

MONTHLY PLANNER



Month _____ Year _____

THURSDAY	FRIDAY	SATURDAY

MONTHLY PLANNER

Month _____ Year _____

J U L Y

AUGUST

SEPTEMBER

O C T O B E R

NOVEMBER

DECEMBER

BIRTHDAY CALENDAR

JANUARY

FEBRUARY

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MARCH

APRIL

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M A Y

J U N E

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WEEKLY PLANNER

Week of: _____

MON /	TUES /	WED /	THUR /

TO DO :

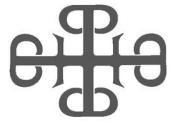
- _____ _____
- _____ _____
- _____ _____
- _____ _____
- _____ _____
- _____ _____

CONTACTS

Name: _____ Address: _____

Phone: _____

Email: _____



PASSWORDS

ACCOUNT

USERNAME

PASSWORD

FRI	/	SAT	/	SUN	/

NOTES:

WEEKLY PLANNER

Week of: _____

MON	/	TUES	/	WED	/	THUR	/

TO DO :

- _____ _____
- _____ _____
- _____ _____
- _____ _____
- _____ _____
- _____ _____

TRIP PACKING LIST

ESSENTIALS

- ID/ Passport
- Boarding Passes
- Wallet
- Insurance/ Emergency Info
- Reservation Confirmations
- Itinerary
- Headphones

CLOTHING

- Tops
- Bottoms
- Underwear
- Socks
- Sleepwear
- Swimsuit
- Comfortable Shoes
- Sandals/ Flip Flops
- Light Jacket/ Hoodie
- Weather specific gear
- Going-out outfit

TOILETRIES

- Toothbrush/ Toothpaste
- Deodorant
- Shampoo/Conditioner
- Body Wash
- Brush/ Comb
- Lip Balm
- Razor
- Face wash/ moisturizer
- _____
- _____

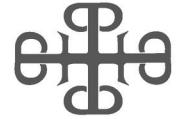
MISC

- Medication
- First Aid Kit
- Phone & Charger W
- Headphones
- Camera
- Tablet/ E-reader + charger

OTHER

- _____ _____
- _____ _____
- _____ _____
- _____ _____
- _____ _____

TRIP PLANNING GUIDE



ADVANCE PREP

- Book travel transportation (flights, train, etc.)
- Reserve accommodations
- Request time off
- Check Passport/ ID expiration
- Plan itinerary & activities
- Arrange house/ pet care
- _____
- _____

F R I / S A T / S U N /

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

THE WEEK BEFORE

- Finalize packing list & do laundry
- Refill/ pick up medications
- Purchase snacks
- Begin packing non-essentials
- Download off line entertainment
- Check the weather
- _____
- _____

THE DAY OF

- Pack last minute items (toiletries, phone charger, etc)
- Eat or bring meal/snacks
- Turn off lights, unplug electronics, lock up
- Double check ID, wallet, phone, tickets
- _____
- _____

N O T E S :



WEEKLY PLANNER

	Monday	Tuesday	Wednesday	Thursday
6:00 AM				
6:30 AM				
7:00 AM				
7:30 AM				
8:00 AM				
8:30 AM				
9:00 AM				
9:30 AM				
10:00 AM				
10:30 AM				
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6:30 PM				
7:00 PM				
7:30 PM				
8:00 PM				
8:30 PM				
9:00 PM				

Week of: _____

M T W T F S S

Make Bed						
Dishes						
Wipe Counters						
10 min tidy						
Trash/ recycling						
Spot sweep						

- Deep clean bathroom
- Mop hard floors
- Change bed sheets
- Dust surfaces
- Vacuum entire home
- Wipe kitchen appliances

Week of: _____

M T W T F S S

Make Bed						
Dishes						
Wipe Counters						
10 min tidy						
Trash/ recycling						
Spot sweep						

- Deep clean bathroom
- Mop hard floors
- Change bed sheets
- Dust surfaces
- Vacuum entire home
- Wipe kitchen appliances

Week of: _____

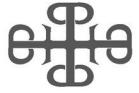
M T W T F S S

Make Bed						
Dishes						
Wipe Counters						
10 min tidy						
Trash/ recycling						
Spot sweep						

- Deep clean bathroom
- Mop hard floors
- Change bed sheets
- Dust surfaces
- Vacuum entire home
- Wipe kitchen appliances

MONTHLY CLEANING

Month: _____



MONTHLY TASKS

- Clean fridge & freezer
 - Deep clean oven & stove top
 - Wash inside windows
 - Vacuum under furniture
 - Clean baseboards & walls
 - Wipe fans/ vents/ light fixtures
 - De-clutter 1 closet/ storage space
 - Wash shower curtain/ liner
 - Disinfect garbage bins
 - Clean under the bed

DAILY & WEEKLY TASKS

Week of: _____

	M	T	W	T	F	S	S
Make Bed
Dishes
Wipe Counters
10 min tidy
Trash/ recycling
Spot sweep

- Deep clean bathroom
 - Mop hard floors
 - Change bed sheets
 - Dust surfaces
 - Vacuum entire home
 - Wipe kitchen appliances

Week of: _____

	M	T	W	T	F	S	S
Make Bed
Dishes
Wipe Counters
10 min tidy
Trash/ recycling
Spot sweep

- Deep clean bathroom
 - Mop hard floors
 - Change bed sheets
 - Dust surfaces
 - Vacuum entire home
 - Wipe kitchen appliances

Week of: _____

		6:00 AM
		6:30 AM
		7:00 AM
		7:30 AM
		8:00 AM
		8:30 AM
		9:00 AM
		9:30 AM
		10:00 AM
		10:30 AM
		11:00 AM
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		5:00 PM
		5:30 PM
		6:00 PM
		6:30 PM
		7:00 PM
		7:30 PM
		8:00 PM
		8:30 PM
		9:00 PM

T O D O :

NOTES:

WEEKLY TIME BLOCK

	Monday	Tuesday	Wednesday	Thursday
6:00 AM				
6:30 AM				
7:00 AM				
7:30 AM				
8:00 AM				
8:30 AM				
9:00 AM				
9:30 AM				
10:00 AM				
10:30 AM				
11:00 AM				
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8:30 PM				
9:00 PM				
9:30 PM				
10:00 PM				
10:30 PM				

SHOPPING LIST

Store: _____

Date: _____

Store: _____

Date: _____

Week of: _____

Friday

Saturday

Sunday

			6:00 AM
			6:30 AM
			7:00 AM
			7:30 AM
			8:00 AM
			8:30 AM
			9:00 AM
			9:30 AM
			10:00 AM
			10:30 AM
			11:00 AM
			11:30 AM
			12:00 PM
			12:30 PM
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			6:30 PM
			7:00 PM
			7:30 PM
			8:00 PM
			8:30 PM
			9:00 PM
			9:30 PM
			10:00 PM
			10:30 PM



WEEKLY PLANNER

Week of: _____

MONDAY	/

TUESDAY	/

FRIDAY	/

SATURDAY	/

TO DO :

- _____
- _____
- _____
- _____
- _____
- _____
- _____

- _____
- _____
- _____
- _____
- _____
- _____
- _____

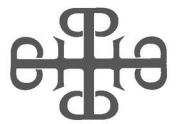
WEEKLY MEAL PLAN

Week of: _____

	DINNER	LUNCH	BREAKFAST	SNACK
MON				
TUES				
WED				
THURS				
FRI				
SAT				
SUN				

WEEKLY MEAL PLAN

Week of: _____



BREAKFAST

LUNCH & DINNER

	LUNCH	DINNER
MON		
TUES		
WED		
THURS		
FRI		
SAT		
SUN		

SNACKS

WEDNESDAY

THURSDAY /

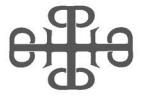
SUNDAY /

NOTES /

GOALS:

WEEKLY PLANNER

Week of: _____



MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

DATE	DAY	CHEST	BACK	SHOULDERS	LEGS	ARMS	CORE	CARDIO	REST	NOTES
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										

Notes

MUSCLE GROUP WORKOUT PLAN

Month _____ Year _____

DATE	DAY	CHEST	BACK	SHOULDERS	LEGS	ARMS	CORE	CARDIO	REST	NOTES
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

Goals

IVY LEE WEEKLY PLANNER

INSTRUCTIONS

1. At the end of each day, write down the 6 most important tasks you need to accomplish tomorrow.
 2. Rank those 6 tasks in order of their true importance.
 3. When you start your day, focus only on the first task.
 4. Move through your list in order, one task at a time.
 5. At the end of the day, move any unfinished tasks to the next day's list.
 6. Repeat the process every day.

MONDAY

TUESDAY

WEDNESDAY

DAILY WORKOUT LOG

Date: _____

Time : _____

Target Muscle Group

CARDIO

TIME

DISTANCE

CALORIES BURNED

NOTES + GOALS:

THURSDAY

RANK TASK

FRIDAY

RANK TASK

SATURDAY

RANK TASK

SUNDAY

RANK TASK

Date: _____

DAILY PLANNER

MORNING CHECK IN

Intention for the day: _____

Self care act of the day: _____

Giving extra attention to: _____

Looking forward to: _____

Today's physical activity: _____

Advice I need today: _____

TODAYS MEALS

Breakfast _____ Dinner _____

Lunch _____ Snack _____

TOP GOALS FOR THE DAY

1. _____

2. _____

3. _____

4. _____

5. _____

TODAY, I AM GRATEFUL FOR...

DATE	ACTIVITY	DURATION	CALORIES BURNED

Notes _____

WORKOUT LOG

TO DO LIST & TIME LOGGING

TODAYS WINS & REFLECTIONS

Date: _____

DAILY PLANNER

MORNING CHECK IN

Intention for the day: _____

Looking forward to: _____

Today's physical activity: _____

Advice I need today: _____

- Meditate Visualize Read
 Affirmations Physical Activity Journal

TODAYS MEALS

Breakfast _____ Dinner _____

Lunch _____ Snack _____

TOP GOALS FOR THE DAY

1. _____
2. _____
3. _____
4. _____
5. _____

TODAY, I AM GRATEFUL FOR ...

GYM BAG PACKING LIST

ESSENTIALS

- Workout Clothes
 - Athletic Shoes
 - Water Bottle
 - Towel
 - Gym Membership/ID
 - Lock
 - Headphones

- Workout Clothes**
- Athletic Shoes**
- Water Bottle**
- Towel**
- Gym Membership/ID**
- Lock**
- Headphones**

HYGIENE & POST-GYM CARE

- Deodorant
 - Shower Towel
 - Shampoo
 - Conditioner
 - Body Wash
 - Shower Shoes
 - Hair Brush or Comb
 - Body/ Face Wipes
 - Headband/ Hair Ties
 - Change of clothes
 - Underwear
 - Socks
 - Dirty clothes Bag

- Deodorant
- Shower Towel
- Shampoo
- Conditioner
- Body Wash
- Shower Shoes
- Hair Brush or Comb
- Body/ Face Wipes
- Headband/ Hair Ties
- Change of clothes
- Underwear
- Socks
- Dirty clothes Bag

OTHER

- Swimsuit
 - Goggles
 - Hand Sanitizer
 - Fitness Watch

<input type="checkbox"/>	Swimsuit	<input type="checkbox"/>	
<input type="checkbox"/>	Goggles	<input type="checkbox"/>	
<input type="checkbox"/>	Hand Sanitizer	<input type="checkbox"/>	
<input type="checkbox"/>	Fitness Watch	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

TO DO LIST & TIME LOGGING

TIME TASK

TODAYS WINS & REFLECTIONS

DAILY NUTRITION LOG

Date: _____

	FOOD	CARBS	FATS	PROTEIN	CALORIES
BREAKFAST					
LUNCH					
DINNER					
SNACKS					

TOTAL			
GOAL			

Cups of Water

Vitamins/Supplements _____

Notes

Date: _____

DAILY PLANNER

MORNING CHECK IN

Intention for the day: _____

MORNING TASKS

- _____
- _____
- _____
- _____
- _____
- _____
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- _____
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- _____
- _____

AFTERNOON TASKS

- _____
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- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Date: _____

DAILY PLANNER

MORNING CHECK IN

Intention for the day: _____

Today's physical activity: _____

I am grateful for _____

- | | | |
|---------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Meditate | <input type="checkbox"/> Visualize | <input type="checkbox"/> Read |
| <input type="checkbox"/> Affirmations | <input type="checkbox"/> Physical Activity | <input type="checkbox"/> Journal |

TOP GOALS FOR THE DAY

1. _____
2. _____
3. _____

TO DO LIST & TIME LOGGING

TIME	TASK
<input type="checkbox"/>	_____

TODAYS WINS & REFLECTIONS

DAILY PLANNER

Date: _____

TO DO LIST

TIME LOGGING

6:00 AM
6:30 AM
7:00 AM
7:30 AM
8:00 AM
8:30 AM
9:00 AM
9:30 AM
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9:30 PM
10:00 PM

NOTES

TODAYS WINS & REFLECTIONS

TOMORROW TASKS

Date: _____

DAILY PLANNER

MORNING CHECK IN

Intention for the day: _____

Self care act of the day: _____

Giving extra attention to: _____

Looking forward to: _____

Today's physical activity: _____

Advice I need today: _____

TODAY'S MEALS

Breakfast _____ Dinner _____

Lunch _____ Snack _____

TOP GOALS FOR THE DAY

1. _____

2. _____

3. _____

4. _____

5. _____

NOTES & REFLECTIONS

TIME LOGGING

6:00 AM
6:30 AM
7:00 AM
7:30 AM
8:00 AM
8:30 AM
9:00 AM
9:30 AM
10:00 AM
10:30 AM
11:00 AM
11:30 AM
12:00 PM
12:30 PM
1:00 PM
2:30 PM
3:00 PM
3:30 PM
4:00 PM
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