

DATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	START	:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
	S	M	T	W	T	F	S	FINISH	:	<input type="checkbox"/> AM	<input type="checkbox"/> PM

EXERCISE	REPS	SET 1	SET 2	SET 3	SET 4	SET 5	SET 6
	WEIGHT						

CARDIO	TIME	INTENSITY	CAL.

NOTES

TRAINER

WORKOUT BUDDY

WARM-UP
 STRETCH
 BREATHE
 VACUUM

HOW DID THE WORKOUT GO?

<input type="checkbox"/> BAD	<input type="checkbox"/> OK	<input type="checkbox"/> GOOD	<input type="checkbox"/> GREAT
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DAILY EXERCISE LOG

