

Client: _____

Trainer: _____

Calorie Goal: _____



	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
Date							
Breakfast							
Lunch							
Dinner							
Snacks							
Calories							
Water							
Exercise/Cardio (Type/Duration)							