






TIME INTERVAL LACROSSE TRAINING

BEGINNER STICK - WEEK 2

NAME: _____

GOAL: _____

Day	Essential Gear	Extra Gear	Workout Link	Notes
8				
Date:	- Stick <input type="checkbox"/>	- <input type="checkbox"/>		
Time:	- Ball(s) <input type="checkbox"/>	- <input type="checkbox"/>		
Partner:	- Gloves <input type="checkbox"/>	- <input type="checkbox"/>		
Location:	- Clothing <input type="checkbox"/>	- <input type="checkbox"/>		
9				
Date:	- Stick <input type="checkbox"/>	- <input type="checkbox"/>		
Time:	- Ball(s) <input type="checkbox"/>	- <input type="checkbox"/>		
Partner:	- Gloves <input type="checkbox"/>	- <input type="checkbox"/>		
Location:	- Clothing <input type="checkbox"/>	- <input type="checkbox"/>		
10				
Date:	- Stick <input type="checkbox"/>	- <input type="checkbox"/>		
Time:	- Ball(s) <input type="checkbox"/>	- <input type="checkbox"/>		
Partner:	- Gloves <input type="checkbox"/>	- <input type="checkbox"/>		
Location:	- Clothing <input type="checkbox"/>	- <input type="checkbox"/>		
11				
Date:	- Stick <input type="checkbox"/>	- <input type="checkbox"/>		
Time:	- Ball(s) <input type="checkbox"/>	- <input type="checkbox"/>		
Partner:	- Gloves <input type="checkbox"/>	- <input type="checkbox"/>		
Location:	- Clothing <input type="checkbox"/>	- <input type="checkbox"/>		
12				
Date:	- Stick <input type="checkbox"/>	- <input type="checkbox"/>		
Time:	- Ball(s) <input type="checkbox"/>	- <input type="checkbox"/>		
Partner:	- Gloves <input type="checkbox"/>	- <input type="checkbox"/>		
Location:	- Clothing <input type="checkbox"/>	- <input type="checkbox"/>		

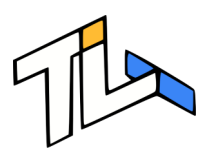
Weekly Reflections:

1a) What did you enjoy most?

1b) What made it so enjoyable?

2) What did you enjoy the least?

2b) What made that more difficult?








TIME INTERVAL LACROSSE TRAINING

BEGINNER STICK - WEEK 1

NAME: _____

GOAL: _____

Day	Essential Gear	Extra Gear	Workout Link	Notes
1 Date: Time: Partner: Location:	- Stick <input type="checkbox"/> - Ball(s) <input type="checkbox"/> - Gloves <input type="checkbox"/> - Clothing <input type="checkbox"/>	- <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>		
2 Date: Time: Partner: Location:	- Stick <input type="checkbox"/> - Ball(s) <input type="checkbox"/> - Gloves <input type="checkbox"/> - Clothing <input type="checkbox"/>	- <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>		
3 Date: Time: Partner: Location:	- Stick <input type="checkbox"/> - Ball(s) <input type="checkbox"/> - Gloves <input type="checkbox"/> - Clothing <input type="checkbox"/>	- <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>		
4 Date: Time: Partner: Location:	- Stick <input type="checkbox"/> - Ball(s) <input type="checkbox"/> - Gloves <input type="checkbox"/> - Clothing <input type="checkbox"/>	- <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>		
5 Date: Time: Partner: Location:	- Stick <input type="checkbox"/> - Ball(s) <input type="checkbox"/> - Gloves <input type="checkbox"/> - Clothing <input type="checkbox"/>	- <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>		

Day 6 - Rest	Day 7 - Rest
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Weekly Reflections:

1a) What did you enjoy most?

1b) What made it so enjoyable?

2) What did you enjoy the least?

2b) What made that more difficult?