Personal Training Program

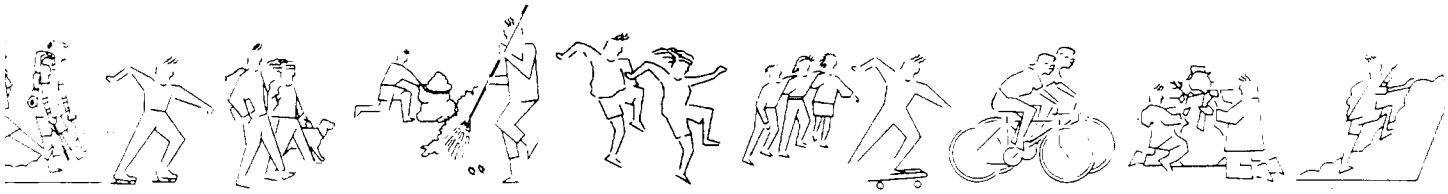
Name: _____

For the week of: _____

Day	**Physical Activities** *(include type, time, distance/number, and so on)*

**Make enough copies of this sheet so you have one for each week of your program.*

(Continued ...)



Record your thoughts and feelings after each physical activity session in this space.