

Fresh Start Fitness Challenge {Daily Tracker}

Monday		Tuesday		Wednesday	
Water (64+ oz) 1 box per 8 oz	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Water (64+ oz) 1 box per 8 oz	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Water (64+ oz) 1 box per 8 oz	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
30+ Min Exercise?	Yes <input type="checkbox"/>	30+ Min Exercise?	Yes <input type="checkbox"/>	30+ Min Exercise?	Yes <input type="checkbox"/>
No Sugar today?	Yes <input type="checkbox"/>	No Sugar today?	Yes <input type="checkbox"/>	No Sugar today?	Yes <input type="checkbox"/>
6 + hours of sleep?	Yes <input type="checkbox"/>	6 + hours of sleep?	Yes <input type="checkbox"/>	6 + hours of sleep?	Yes <input type="checkbox"/>
Personal goal?	Yes <input type="checkbox"/>	Personal goal?	Yes <input type="checkbox"/>	Personal goal?	Yes <input type="checkbox"/>
Contact Partner?	Yes <input type="checkbox"/>	Contact Partner?	Yes <input type="checkbox"/>	Contact Partner?	Yes <input type="checkbox"/>
Thursday		Friday		Saturday	
Water (64+ oz) 1 box per 8 oz	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Water (64+ oz) 1 box per 8 oz	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Water (64+ oz) 1 box per 8 oz	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
30+ Min Exercise?	Yes <input type="checkbox"/>	30+ Min Exercise?	Yes <input type="checkbox"/>	30+ Min Exercise?	Yes <input type="checkbox"/>
No Sugar today?	Yes <input type="checkbox"/>	No Sugar today?	Yes <input type="checkbox"/>	No Sugar today?	Yes <input type="checkbox"/>
6 + hours of sleep?	Yes <input type="checkbox"/>	6 + hours of sleep?	Yes <input type="checkbox"/>	6 + hours of sleep?	Yes <input type="checkbox"/>
Personal goal?	Yes <input type="checkbox"/>	Personal goal?	Yes <input type="checkbox"/>	Personal goal?	Yes <input type="checkbox"/>
Contact Partner?	Yes <input type="checkbox"/>	Contact Partner?	Yes <input type="checkbox"/>	Contact Partner?	Yes <input type="checkbox"/>
Sunday		<p>** Report results Every Wednesday to http://funonadime.net</p> <p>** email Michelle (at) funonadime.net if you have any ?s</p> <p style="text-align: center;">Remember:</p> <p style="text-align: center;">What is your motivation?</p>			
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