

Date:		DAILY PLAN				Monday		
<input type="checkbox"/> Pray		<input type="checkbox"/> Read		<input type="checkbox"/> Journal		<input type="checkbox"/> Plan		
Inspiration:						Book:		
Challenge:				Reward:				
Schedule				Tasks				
0500		1400		Work				
0530		1430		<input type="checkbox"/>				
0600		1500		<input type="checkbox"/>				
0630		1530		<input type="checkbox"/>				
0700		1600		<input type="checkbox"/>				
0730		1630		<input type="checkbox"/>				
0800		1700		Business				
0830		1730		<input type="checkbox"/>				
0900		1800		<input type="checkbox"/>				
0930		1830		<input type="checkbox"/>				
1000		1900		Personal				
1030		1930		<input type="checkbox"/>				
1100		2000		<input type="checkbox"/>				
1130		2030		<input type="checkbox"/>				
1200		2100		10 Minute Tasks				
1230		2130						<input type="checkbox"/>
1300		2200						<input type="checkbox"/>
1330		2230						<input type="checkbox"/>
Contact (Work)		Contact (Home)		Errands		Chores		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> Laundry	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> Kitchen	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	
Nutrition				Fitness		Notes		
B				Challenge:				
L								
D								
S				Total				
P				<input type="checkbox"/> Stretching				
<input type="checkbox"/> Vitamin <input type="checkbox"/> Progress <input type="checkbox"/> Log				Budget				
O O O O O O O O O O								

Date:		DAILY PLAN				Tuesday		
<input type="checkbox"/> Pray		<input type="checkbox"/> Read		<input type="checkbox"/> Journal		<input type="checkbox"/> Plan		
Inspiration:						Book:		
Challenge:				Reward:				
Schedule				Tasks				
0500		1400		Work				
0530		1430		<input type="checkbox"/>				
0600		1500		<input type="checkbox"/>				
0630		1530		<input type="checkbox"/>				
0700		1600		<input type="checkbox"/>				
0730		1630		<input type="checkbox"/>				
0800		1700		Business				
0830		1730		<input type="checkbox"/>				
0900		1800		<input type="checkbox"/>				
0930		1830		<input type="checkbox"/>				
1000		1900		Personal				
1030		1930		<input type="checkbox"/>				
1100		2000		<input type="checkbox"/>				
1130		2030		<input type="checkbox"/>				
1200		2100		10 Minute Tasks				
1230		2130						<input type="checkbox"/>
1300		2200						<input type="checkbox"/>
1330		2230						<input type="checkbox"/>
Contact (Work)		Contact (Home)		Errands		Chores		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> Bedrooms	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> Kitchen	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	
Nutrition				Fitness				
B				Challenge:				
L								
D								
S				Total				
P				<input type="checkbox"/> Stretching				
<input type="checkbox"/> Vitamin <input type="checkbox"/> Progress <input type="checkbox"/> Log				Budget				
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Date:		DAILY PLAN				Wednesday		
<input type="checkbox"/> Pray		<input type="checkbox"/> Read		<input type="checkbox"/> Journal		<input type="checkbox"/> Plan		
Inspiration:						Book:		
Challenge:				Reward:				
Schedule				Tasks				
0500		1400		Work				
0530		1430		<input type="checkbox"/>				
0600		1500		<input type="checkbox"/>				
0630		1530		<input type="checkbox"/>				
0700		1600		<input type="checkbox"/>				
0730		1630		<input type="checkbox"/>				
0800		1700		Business				
0830		1730		<input type="checkbox"/>				
0900		1800		<input type="checkbox"/>				
0930		1830		<input type="checkbox"/>				
1000		1900		Personal				
1030		1930		<input type="checkbox"/>				
1100		2000		<input type="checkbox"/>				
1130		2030		<input type="checkbox"/>				
1200		2100		10 Minute Tasks				
1230		2130						<input type="checkbox"/>
1300		2200						<input type="checkbox"/>
1330		2230						<input type="checkbox"/>
Contact (Work)		Contact (Home)		Errands		Chores		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> Laundry	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> Kitchen	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> Trash	
Nutrition				Fitness				Notes
B				Challenge:				
L								
D								
S				Total				
P				<input type="checkbox"/> Stretching				
<input type="checkbox"/> Vitamin <input type="checkbox"/> Progress <input type="checkbox"/> Log				Budget				
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Date:		DAILY PLAN				Thursday		
<input type="checkbox"/> Pray		<input type="checkbox"/> Read		<input type="checkbox"/> Journal		<input type="checkbox"/> Plan		
Inspiration:						Book:		
Challenge:				Reward:				
Schedule				Tasks				
0500		1400		Work				
0530		1430		<input type="checkbox"/>				
0600		1500		<input type="checkbox"/>				
0630		1530		<input type="checkbox"/>				
0700		1600		<input type="checkbox"/>				
0730		1630		<input type="checkbox"/>				
0800		1700		Business				
0830		1730		<input type="checkbox"/>				
0900		1800		<input type="checkbox"/>				
0930		1830		<input type="checkbox"/>				
1000		1900		Personal				
1030		1930		<input type="checkbox"/>				
1100		2000		<input type="checkbox"/>				
1130		2030		<input type="checkbox"/>				
1200		2100		10 Minute Tasks				
1230		2130						<input type="checkbox"/>
1300		2200						<input type="checkbox"/>
1330		2230						<input type="checkbox"/>
Contact (Work)		Contact (Home)		Errands		Chores		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> Bathrooms	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> Kitchen	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> Trash	
Nutrition				Fitness		Notes		
B				Challenge:				
L								
D								
S				Total				
P				<input type="checkbox"/> Stretching				
<input type="checkbox"/> Vitamin <input type="checkbox"/> Progress <input type="checkbox"/> Log				Budget				
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Date:		DAILY PLAN				Friday		
<input type="checkbox"/> Pray		<input type="checkbox"/> Read		<input type="checkbox"/> Journal		<input type="checkbox"/> Plan		
Inspiration:						Book:		
Challenge:				Reward:				
Schedule				Tasks				
0500		1400		Work				
0530		1430		<input type="checkbox"/>				
0600		1500		<input type="checkbox"/>				
0630		1530		<input type="checkbox"/>				
0700		1600		<input type="checkbox"/>				
0730		1630		<input type="checkbox"/>				
0800		1700		Business				
0830		1730		<input type="checkbox"/>				
0900		1800		<input type="checkbox"/>				
0930		1830		<input type="checkbox"/>				
1000		1900		Personal				
1030		1930		<input type="checkbox"/>				
1100		2000		<input type="checkbox"/>				
1130		2030		<input type="checkbox"/>				
1200		2100		10 Minute Tasks				
1230		2130						<input type="checkbox"/>
1300		2200						<input type="checkbox"/>
1330		2230						<input type="checkbox"/>
Contact (Work)		Contact (Home)		Errands		Chores		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> Living Area	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> Kitchen	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	
Nutrition				Fitness		Notes		
B				Challenge:				
L								
D								
S				Total				
P				<input type="checkbox"/> Stretching				
<input type="checkbox"/> Vitamin <input type="checkbox"/> Progress <input type="checkbox"/> Log				Budget				
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Date:		DAILY PLAN		Saturday		
<input type="checkbox"/> Pray		<input type="checkbox"/> Read		<input type="checkbox"/> Journal		
<input type="checkbox"/> Plan						
Inspiration:				Book:		
Challenge:			Reward:			
Schedule			Tasks			
0500		1400		Business		
0530		1430		<input type="checkbox"/>		
0600		1500		<input type="checkbox"/>		
0630		1530		<input type="checkbox"/>		
0700		1600		<input type="checkbox"/>		
0730		1630		<input type="checkbox"/>		
0800		1700		Personal		
0830		1730		<input type="checkbox"/>		
0900		1800		<input type="checkbox"/>		
0930		1830		<input type="checkbox"/>		
1000		1900		<input type="checkbox"/>		
1030		1930		<input type="checkbox"/>		
1100		2000		10 Minute Tasks		
1130		2030				<input type="checkbox"/>
1200		2100				<input type="checkbox"/>
1230		2130				<input type="checkbox"/>
1300		2200		Fun		
1330		2230				
Contact (Work)		Contact (Home)		Errands		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Nutrition			Fitness			
B				Challenge:		
L						
D						
S				Total		
P				<input type="checkbox"/> Stretching		
<input type="checkbox"/> Vitamin <input type="checkbox"/> Progress <input type="checkbox"/> Log			Budget			
O O O O O O O O O O						
Notes						

Date:		DAILY PLAN		Sunday		
<input type="checkbox"/> Pray		<input type="checkbox"/> Read		<input type="checkbox"/> Journal		
<input type="checkbox"/> Plan						
Inspiration:				Book:		
Challenge:			Reward:			
Schedule			Tasks			
0500		1400		Business		
0530		1430		<input type="checkbox"/>		
0600		1500		<input type="checkbox"/>		
0630		1530		<input type="checkbox"/>		
0700		1600		<input type="checkbox"/>		
0730		1630		<input type="checkbox"/>		
0800		1700		Personal		
0830		1730		<input type="checkbox"/>	Sunday Checklist	
0900		1800		<input type="checkbox"/>		
0930		1830		<input type="checkbox"/>		
1000		1900		<input type="checkbox"/>		
1030		1930		<input type="checkbox"/>		
1100		2000		10 Minute Tasks		
1130		2030				<input type="checkbox"/>
1200		2100				<input type="checkbox"/>
1230		2130				<input type="checkbox"/>
1300		2200		Fun		
1330		2230				
Contact (Work)		Contact (Home)		Errands		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Groceries		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Nutrition			Fitness			
B				Challenge:		
L						
D						
S				Total		
P				<input type="checkbox"/> Stretching		
<input type="checkbox"/> Vitamin			<input type="checkbox"/> Progress			
<input type="checkbox"/> Log			Budget			
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