

DATE:

PLAN YOUR DAY

TASKS

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

REMINDERS

MEAL PLAN

B _____

L _____

D _____

SHOPPING LIST

I WILL MAKE SPACE FOR

- ☐
- ☐
- ☐