

# MY WEEKLY PERSONAL FITNESS ROUTINE

*the* **FRESH180**

<b>GOAL</b>	<b>LOCATION</b>	<b>MINS A DAY</b>	<b>X PER WEEK</b>	<b>DAYS</b>
<input type="checkbox"/> Build strength	<input type="checkbox"/> Home	<input type="checkbox"/> 7	<input type="checkbox"/> 1	<input type="checkbox"/> MON
<input type="checkbox"/> Lose weight	<input type="checkbox"/> Park	<input type="checkbox"/> 10	<input type="checkbox"/> 2	<input type="checkbox"/> TUES
<input type="checkbox"/> Improve cardio	<input type="checkbox"/> Gym	<input type="checkbox"/> 20	<input type="checkbox"/> 3	<input type="checkbox"/> WED
<input type="checkbox"/> Increase flexibility	<input type="checkbox"/> Rec Center	<input type="checkbox"/> 30	<input type="checkbox"/> 4	<input type="checkbox"/> THUR
<input type="checkbox"/> Relieve stress	<input type="checkbox"/> School	<input type="checkbox"/> 45	<input type="checkbox"/> 5	<input type="checkbox"/> FRI
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> 60	<input type="checkbox"/> 6	<input type="checkbox"/> SAT
			<input type="checkbox"/> 7	<input type="checkbox"/> SUN

**FITNESS**

<input type="checkbox"/> Walk	<input type="checkbox"/> Cycle	<input type="checkbox"/> Barre	<input type="checkbox"/> Cross Fit	<input type="checkbox"/> Dance	<input type="checkbox"/> Boxing
<input type="checkbox"/> Run	<input type="checkbox"/> Swim	<input type="checkbox"/> Weights	<input type="checkbox"/> Spin	<input type="checkbox"/> Yoga	<input type="checkbox"/> Martial Arts
<input type="checkbox"/> Hike	<input type="checkbox"/> Pilates	<input type="checkbox"/> Stretch	<input type="checkbox"/> Zumba	<input type="checkbox"/> _____	<input type="checkbox"/> _____

**NOTES:** \_\_\_\_\_

DATE	SUN	MON	TUES	WED	THUR	FRI	SAT
WHAT							
WHEN							