



# “Weekly Fitness Schedule”



MONTH/YEAR	WEEK

Day	Activity/ Workout Type	Duration (Mins)	Intensity Level (Low/Moderate/High)
MON			
TUE			
WED			
THU			
FRI			
SAT			
SUN			

WEIGHT TRAINING		Reps	Reps	Reps
Equipment	Weight (lbs)	Set 1	Set 2	Set 3

CLASSES / COMPETITION / FITNESS EVENTS		
Event	Location	Date

## MY GOALS FOR THIS WEEK

1	
2	
3	
4	
5	

- Always consult with your physician before starting any workout programs
- Remember to include rest days
- Always drink plenty of water and stay hydrated