WEEKLY WORKOUT CHECK-IN

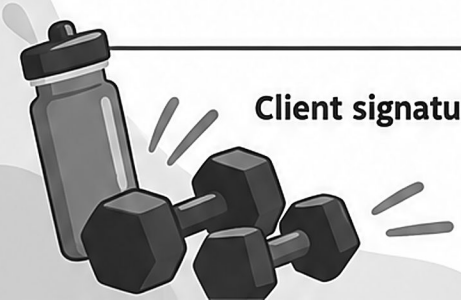
Client name: _____ **Coach name:** _____

Week of: _____

	Planned workout	Completed?
Mon		☐
Tue		☐
Wed		☐
Thu		☐
Fri		☐
Sat		☐
Sun		☐

Coach notes

Client signature: _____ **Date:** _____



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