Get Slim Guaranteed Basic Exercise Activity Planner

Name	**Week No:**
Instructor/Trainer if applicable	

Client's Information	
Name	
BMI	
Target BMI	

*click here for BMI Calculator

Trainer Suggestions if applicable

Date:	Day:
Type of Exercise	**Time spent**

Date:	Day:
Type of Exercise	**Time spent**

Date:	Day:
Type of Exercise	**Time spent**

Date:	Day:
Type of Exercise	**Time spent**

Date:	Day:
Type of Exercise	**Time spent**

Print off this sheet each week to help you track your progress.

For an advanced Activity Planner email us on ask@get-slim-guaranteed.com

www.get-slim-guaranteed.com

0207 858 2241