

Weekly Exercise Schedule

LockOnFitness.com

Sunday	<input type="checkbox"/> Aerobic	<input type="checkbox"/> Strength	<input type="checkbox"/> Flexibility	<input type="checkbox"/> Recovery
Total Time: _____ Min.	Zone ____	_____ %	Time in Zone _____	Min.
	Zone ____	_____ %	Time in Zone _____	Min.
	Zone ____	_____ %	Time in Zone _____	Min.
Monday	<input type="checkbox"/> Aerobic	<input type="checkbox"/> Strength	<input type="checkbox"/> Flexibility	<input type="checkbox"/> Recovery
Total Time: _____ Min.	Zone ____	_____ %	Time in Zone _____	Min.
	Zone ____	_____ %	Time in Zone _____	Min.
	Zone ____	_____ %	Time in Zone _____	Min.
Tuesday	<input type="checkbox"/> Aerobic	<input type="checkbox"/> Strength	<input type="checkbox"/> Flexibility	<input type="checkbox"/> Recovery
Total Time: _____ Min.	Zone ____	_____ %	Time in Zone _____	Min.
	Zone ____	_____ %	Time in Zone _____	Min.
	Zone ____	_____ %	Time in Zone _____	Min.
Wednesday	<input type="checkbox"/> Aerobic	<input type="checkbox"/> Strength	<input type="checkbox"/> Flexibility	<input type="checkbox"/> Recovery
Total Time: _____ Min.	Zone ____	_____ %	Time in Zone _____	Min.
	Zone ____	_____ %	Time in Zone _____	Min.
	Zone ____	_____ %	Time in Zone _____	Min.
Thursday	<input type="checkbox"/> Aerobic	<input type="checkbox"/> Strength	<input type="checkbox"/> Flexibility	<input type="checkbox"/> Recovery
Total Time: _____ Min.	Zone ____	_____ %	Time in Zone _____	Min.
	Zone ____	_____ %	Time in Zone _____	Min.
	Zone ____	_____ %	Time in Zone _____	Min.
Friday	<input type="checkbox"/> Aerobic	<input type="checkbox"/> Strength	<input type="checkbox"/> Flexibility	<input type="checkbox"/> Recovery
Total Time: _____ Min.	Zone ____	_____ %	Time in Zone _____	Min.
	Zone ____	_____ %	Time in Zone _____	Min.
	Zone ____	_____ %	Time in Zone _____	Min.
Saturday	<input type="checkbox"/> Aerobic	<input type="checkbox"/> Strength	<input type="checkbox"/> Flexibility	<input type="checkbox"/> Recovery
Total Time: _____ Min.	Zone ____	_____ %	Time in Zone _____	Min.
	Zone ____	_____ %	Time in Zone _____	Min.
	Zone ____	_____ %	Time in Zone _____	Min.