

weekly plan



WEEK OF: _____

| EVENTS & APPOINTMENTS | MUST DO | M | T | W | T | F | S | S |
|-----------------------|--------------------------|---|---|---|---|---|---|---|
| MON | | | | | | | | |
| TUE | | | | | | | | |
| WED | | | | | | | | |
| THU | SHOULD DO | | | | | | | |
| | <input type="checkbox"/> | | | | | | | |
| | <input type="checkbox"/> | | | | | | | |
| FRI | <input type="checkbox"/> | | | | | | | |
| | <input type="checkbox"/> | | | | | | | |
| | <input type="checkbox"/> | | | | | | | |
| SAT | <input type="checkbox"/> | | | | | | | |
| | <input type="checkbox"/> | | | | | | | |
| | <input type="checkbox"/> | | | | | | | |
| SUN | <input type="checkbox"/> | | | | | | | |
| | <input type="checkbox"/> | | | | | | | |
| | <input type="checkbox"/> | | | | | | | |

| MEAL PLAN | SHOPPING LIST | |
|-----------|---------------|--|
| M | | |
| T | | |
| W | | |
| T | | |
| F | | |
| S | | |
| S | | |