

STRENGTH N HONOR RESULTS PLAN

1st

 phorm

Client Name: _____ Gym: _____ Trainer: _____

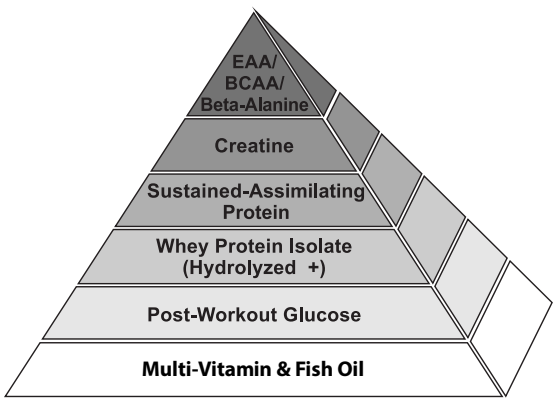
			Approved
1	time:	protein: _____ carbs: _____ vegetable: _____ fluid: _____ other: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2	time:	protein: _____ carbs: _____ vegetable: _____ fluid: _____ other: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3	time:	protein: _____ carbs: _____ vegetable: _____ fluid: _____ other: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4	time:	protein: _____ carbs: _____ vegetable: _____ fluid: _____ other: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5	time:	protein: _____ carbs: _____ vegetable: _____ fluid: _____ other: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6	time:	protein: _____ carbs: _____ vegetable: _____ fluid: _____ other: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Portion Control		
	total	Approved
protein:		
carbs:		
vegetable:		
water:		



Hierarchy of Needs

THE MOST IMPORTANT SUPPLEMENTS TO HELP YOU REACH YOUR GOALS



Notes:

COACH KONOPKA _____

Date: _____