

# Mind Moves Matter

Surname:
First Name:
Membership No:
Program Renewal Date:
Instructor:

Intensity		MON	TUES	WED	THURS	FRI	SAT	SUN
A=	Resistance							
B=	Cardio							
C=	Classes							
D=	At home							

Cardio Exercise	Date																
	Dist																
	Time																
	Speed																
	Level																
	Dist																
	Time																
	Speed																
	Level																
	Dist																
	Time																
	Speed																
	Level																
	Dist																
	Time																
	Speed																
	Level																

Stretches:	Program review due:
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Comments and Restrictions:
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