

NAME: _____

BEGINNING INBODY
BFP:
SMM:
WEIGHT: _____4 WEEK INBODY
BFP:
SMM:
WEIGHT: _____

I'M OFFICIAL!

4 WEEK CHECKLIST



WEEK ONE	M	T	W	T	F	S	S
3-4 SESSIONS ATTENDED							
100 GRAMS OF PROTEIN							
MY HEALTHY HABIT:							
MY HEALTHY HABIT:							

WEEK TWO	M	T	W	T	F	S	S
3-4 SESSIONS ATTENDED							
100 GRAMS OF PROTEIN							
MY HEALTHY HABIT:							
MY HEALTHY HABIT:							

WEEK THREE	M	T	W	T	F	S	S
3-4 SESSIONS ATTENDED							
100 GRAMS OF PROTEIN							
MY HEALTHY HABIT:							
MY HEALTHY HABIT:							

WEEK FOUR	M	T	W	T	F	S	S
3-4 SESSIONS ATTENDED							
100 GRAMS OF PROTEIN							
MY HEALTHY HABIT:							
MY HEALTHY HABIT:							

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