

Date: _____

Skating		
Monday	<input type="checkbox"/>	
Tuesday	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	
Saturday	<input type="checkbox"/>	
Sunday	<input type="checkbox"/>	

Stickhandling		
Monday	<input type="checkbox"/>	
Tuesday	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	
Saturday	<input type="checkbox"/>	
Sunday	<input type="checkbox"/>	

Shooting		
Monday	<input type="checkbox"/>	
Tuesday	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	
Saturday	<input type="checkbox"/>	
Sunday	<input type="checkbox"/>	

Fitness		
Monday	<input type="checkbox"/>	
Tuesday	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	
Saturday	<input type="checkbox"/>	
Sunday	<input type="checkbox"/>	

Mental		
Monday	<input type="checkbox"/>	
Tuesday	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	
Saturday	<input type="checkbox"/>	
Sunday	<input type="checkbox"/>	