

Name \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Week	Date	Weight	Waist	Hip	% Fat	Blood Pressure	Total Cholesterol	HDL	LDL	Ratio
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

**You GOTTA MOVE!**  
w/KATC's Tracy Wirtz

