

# Summer Weight Loss Challenge

Name \_\_\_\_\_

Date \_\_\_\_\_

## Daily Goals Check List

\_\_\_\_\_ Exercise

\_\_\_\_\_ Water Intake \_\_\_\_\_ oz daily (1/2 your weight in ounces)

\_\_\_\_\_ Supplements

Breakfast	Size/Qty	Time	Supplements
Snack	Size/Qty	Time	

Lunch	Size/Qty	Time	Supplements
Snack	Size/Qty	Time	

Dinner	Size/Qty	Time	Supplements
Snack	Size/Qty	Time	

**\*\*Notes:**