WEEK _____
DATE _____

AEROBIC ☐ **Yes** ☐ **No** |_____| |_____|
Exercise *Duration*

BARBELL WEIGHT _____ DUMBELL WEIGHT _____

EXERCISE	SET 1 *[reps]*	SET 2 *[reps]*	SET 3 *[reps]*	SET 4 *[reps]*

DAILY TRAINING NOTES