

FOCUS ON *YOUR* GOALS BABYGIRL

START DATE	END DATE	BUDGET	FINAL COST

DO IT:	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

BUY IT:	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

SKETCH IT:	

PROJECT PLANS FOR: