NAME	Date:	Protein	Veggies	Fruit	Carbs	Fat	Seeds	Teaspoons
EXERCISE Time:_____	DAY # ROUND#	#	#	#	#	#	#	
SHAKE Time:_____								
BREAKFAST Time:_____								
SNACK Time:_____								
LUNCH Time:_____								
SNACK Time:_____								
SUBTOTALS								
DINNER Time:_____	OTHER: Treats?							
SNACK Time:_____								
TOTALS								