



## WEEKLY PLAN

S	M	T	W	T	F	S

month / day month / day  
to

THIS WEEKS TOP 3

<input type="checkbox"/>	_____
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DONE TO DO

_____	_____
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MONDAY B \_\_\_\_\_  
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D \_\_\_\_\_

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TUESDAY B \_\_\_\_\_  
L \_\_\_\_\_  
D \_\_\_\_\_

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WEDNESDAY B \_\_\_\_\_  
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D \_\_\_\_\_

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THURSDAY B \_\_\_\_\_  
L \_\_\_\_\_  
D \_\_\_\_\_

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FRIDAY B \_\_\_\_\_  
L \_\_\_\_\_  
D \_\_\_\_\_

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WEEKEND B \_\_\_\_\_  
L \_\_\_\_\_  
D \_\_\_\_\_

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