

Name:

Today's Date:

Lower Body	Exercise Name	# of REPs	Lower Body	Exercise Name	# of REPs
Round 1.	Ski Jumps		Round 5.	Ski Jumps	
Round 2.	Ski Jumps		Round 6.	Ski Jumps	
Round 3.	Right Leg Running Man		Round 7.	Right Leg Running Man	
Round 4.	Left Leg Running Man		Round 8.	Left Leg Running Man	

Upper Body	Exercise Name	# of REPs	Upper Body	Exercise Name	# of REPs
Round 1.	Push Ups		Round 5.	Push Ups	
Round 2.	In & Out Push Ups		Round 6.	In & Out Push Ups	
Round 3.	Push Ups		Round 7.	Push Ups	
Round 4.	In & Out Push Ups		Round 8.	In & Out Push Ups	

Core	Exercise Name	# of REPs	Core	Exercise Name	# of REPs
Round 1.	V-Sit		Round 5.	V-Sit	
Round 2.	V-Sit		Round 6.	V-Sit	
Round 3.	Left Knee Woodchop		Round 7.	Left Knee Woodchop	
Round 4.	Right Knee Woodchop		Round 8.	Right Knee Woodchop	

NOTES: Give a brief description of how you felt – note improvements, whether you had great energy, felt tired, etc. Give yourself some notes on this particular workout...

Cardio:

Workout:

Daily Improvement:

Scale 1-10

'1' - Not Intense At All

'10' - I Was On Fire!

Your Average level of Intensity during this particular workout: