

DAILY PLAN



TODAY'S FOCUS:
ZONE:
ZONE MISSION:

DAY:
MONTH:
YEAR:

TASK LIST		APPOINTMENTS	
Do	<input type="checkbox"/>	Morning	
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	<input type="checkbox"/>		
Call	<input type="checkbox"/>	Afternoon	
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	<input type="checkbox"/>		
	<input type="checkbox"/>		
Go	<input type="checkbox"/>	Evening	
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<p>What's for Dinner?</p>	<p>Have You...</p> <ul style="list-style-type: none"> <input type="checkbox"/> Exercised? <input type="checkbox"/> Had 8 Glasses of Water? <input type="checkbox"/> Had 8 Servings of Fruit/Veggies? <input type="checkbox"/> Cleared Your Hot Spots?
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Journal/Notes

DAILY ROUTINE

BASIC STEPS

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™ REST & RENEW DAY



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QUICK CLEAN DAY



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FREE DAY



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TM PLANNING DAY



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OFFICE DAY



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FAMILY DAY



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PANTRY LIST

ITEMS TO KEEP ON HAND- PART 2

BAKING SUPPLIES	BREADS
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
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CANNED GOODS	CONDIMENTS
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SEASONINGS	CEREALS
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PRE-PACKAGED GOODS	PASTA/RICE/BEANS
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™ NOTES



A large rectangular area containing 30 horizontal lines for writing notes.

™ **EMERGENCY INFO**

PHONE NUMBERS

EMERGENCY SERVICES

FOR ALL LIFE THREATENING CONDITIONS CALL **911**

FIRE

POLICE

AMBULANCE

MEDICAL/DENTAL

PEDIATRICIAN

MOM'S DOCTOR

DAD'S DOCTOR

DENTIST

MEDICAL CONDITIONS

ALLERGIES

MEDICATIONS

MOM

WORK

CELL

OTHER

DAD

WORK

CELL

OTHER

EMERGENCY CONTACTS

POISON CONTROL

HOSPITAL

CLERGY

PHARMACY

VETERINARIAN

UTILITIES

NATURAL GAS CO.

ELECTRIC CO.

PHONE CO.

WATER/CITY CO.

KID'S FRIENDS

FAMILY

EMERGENCY MEETING PLACE

OUR HOME INFORMATION

ADDRESS

PHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

™ **IMPORTANT INFORMATION**

NUMBERS

INSURANCE - AUTO

BANK - CHECKING

INSURANCE - HOME

BANK - SAVINGS

INSURANCE - HEALTH

CREDIT CARD

INSURANCE - DENTAL

CREDIT CARD

INSURANCE - LIFE

CREDIT CARD

SOCIAL SECURITY NUMBERS

CREDIT CARD

IMMUNIZATIONS

IMMUNIZATIONS

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