

STUDENT NAME: _____

Course _____

Components of fitness I need to develop:

Method of training 1:

Why I have chosen this:

Method of training 2:

Why I have chosen this:

Method of training 3:

Why I have chosen this:

Method of training 4:

Why I have chosen this:

STUDENT NAME

SIX WEEK TRAINING PROGRAMME

WEEK NUMBER ONE

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

STUDENT NAME

SIX WEEK TRAINING PROGRAMME

WEEK NUMBER TWO

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

STUDENT NAME

SIX WEEK TRAINING PROGRAMME

WEEK NUMBER THREE

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

STUDENT NAME

SIX WEEK TRAINING PROGRAMME

WEEK NUMBER FOUR

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

WEEK NUMBER FIVE

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

STUDENT NAME _____

SIX WEEK TRAINING PROGRAMME

WEEK NUMBER SIX

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY