

Name: _____

October 2017

Challenge: Eat three balanced meals per day

Week 1

Day	Breakfast	Lunch	Dinner	Total
<i>Sample</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2
3-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Week 2

Day	Breakfast	Lunch	Dinner	Total
<i>Sample</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2
11-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Week 3

Day	Breakfast	Lunch	Dinner	Total
<i>Sample</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2
18-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Week 4

Day	Breakfast	Lunch	Dinner	Total
<i>Sample</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2
25-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31-Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	