
Achieving Personal Goals

Name _____

A goal of mine is

What must *I* do to
accomplish this goal?

Date
begun:

Target
date:

Complete
date:

Steps

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

Notes regarding my goals: How did I set this goal? Why did I set this goal?
What purpose will it serve in my life?

Use one sheet for each goal. Then list goals and steps with target dates in a
place you can review regularly to check your progress.

Time Chart

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00							
8:30							
9:00							
9:30							
10:00							
10:30							
11:00							
11:30							
12:00							
12:30							
1:00							
1:30							
2:00							
2:30							
3:00							
3:30							
4:00							
4:30							
5:00							
5:30							

Activities Evaluation by Day

What I do currently

Activity	Actual Time Spent	Activity	Actual Time Spent
Total:		Total:	

Grand Total: _____

What must I do? and With time remaining, what do I want to do?

Activity	Actual Time Spent	Activity	Actual Time Spent
TOTAL:		TOTAL:	

168 Hours Available

_____ Hours Spent _____ Remaining Time Available

Consider:

- | | | |
|--------------------|-----------------------------------|---------------------|
| Amusement | Meal Preparation (include eating) | Telephone |
| Civic Activities | Planning | Conversations |
| Church Activities | Prospecting | Thinking |
| Commuting | Sleeping | Waiting |
| Dressing & Clothes | Studying | Watching Television |
| Preparation | Working | |

Personal Information

Name _____

Address _____

_____ Phone _____

Cell Phone _____ E-mail _____

Business Address _____

_____ Phone _____

Email _____

Driving Information

Lic. Plate # _____

Registration # _____

Drivers Lic. # _____

Auto Ins. Co. _____

Ins. Agent _____

Phone _____

Emergency Information

Health Ins. Co. _____

Policy # _____

Homeowners Ins. Co. _____

Policy # _____

Agent _____

Phone _____

Notify in Case of Emergency

Name _____

Address _____

Phone _____

Special Occasions Page

JAN

JUL

FEB

AUG

MAR

SEP

APR

OCT

MAY

NOV

JUN

DEC

Month-at-a-Glance Page

Month: _____ Year: _____

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday/Sunday

Today

Date

SUN MON TUE WED THU FRI SAT

	APPOINTMENTS	TO DO	ABC		
AM 7		#1 Priority			
8					
9					
10					
11					
PM 12		To Buy			
1					
2		To Call Phone No.			
3					
4					
5					
6		Mileage			
7		Ending			
		Beginning			
		Total			
NOTE	Item Expense	Amount			

Menu Planner

Week of

	<i>BREAKFAST</i>	<i>LUNCH</i>	<i>DINNER</i>
S U N			
M O N			
T U E			
W E D			
T H U			
F R I			
S A T			

Shopping Checklist

	QTY	Cost	Coup		QTY	Cost	Coup		QTY	Cost	Coup
FROZEN FOOD/JUICE				STAPLES				Buns			
Ice Cream	_____	_____	_____	Flour	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	Sugar	_____	_____	_____	_____	_____	_____	_____
Vegetables	_____	_____	_____	Cereal	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	Nuts	_____	_____	_____	PAPER GOODS			
Prepared Dinners	_____	_____	_____	Jell-O	_____	_____	_____	Paper Towels	_____	_____	_____
_____	_____	_____	_____	SPICES				Tissue (facial)	_____	_____	_____
Juice	_____	_____	_____	Bacon Bits	_____	_____	_____	Toilet Paper	_____	_____	_____
_____	_____	_____	_____	Coconut	_____	_____	_____	Napkins	_____	_____	_____
_____	_____	_____	_____	Chocolate	_____	_____	_____	Plastic Wrap	_____	_____	_____
CONDIMENTS				Baking Soda	_____	_____	_____	Waxed Paper	_____	_____	_____
Syrup	_____	_____	_____	Baking Powder	_____	_____	_____	Foil	_____	_____	_____
Molasses	_____	_____	_____	Salt/Pepper	_____	_____	_____	Trash Bags	_____	_____	_____
Jelly/Jam	_____	_____	_____	_____	_____	_____	_____	Zip Bags:			
Peanut Butter	_____	_____	_____	PASTA				Small	_____	_____	_____
Honey	_____	_____	_____	Spaghetti	_____	_____	_____	Large	_____	_____	_____
Shortening	_____	_____	_____	Pasta	_____	_____	_____	HOUSEHOLD			
Oil	_____	_____	_____	Rice	_____	_____	_____	Dishwasher Soap	_____	_____	_____
Catsup	_____	_____	_____	Instant Potatoes	_____	_____	_____	Dish Soap	_____	_____	_____
Mustard	_____	_____	_____	Mixes	_____	_____	_____	Clothes Soap	_____	_____	_____
Vinegar	_____	_____	_____	_____	_____	_____	_____	Bleach			
Mayonnaise	_____	_____	_____	DRINKS				White	_____	_____	_____
Pickles	_____	_____	_____	Coffee	_____	_____	_____	Colors	_____	_____	_____
Relish	_____	_____	_____	Tea	_____	_____	_____	Fabric Softener	_____	_____	_____
Salad Dressing	_____	_____	_____	Juice	_____	_____	_____	Furniture Polish	_____	_____	_____
CROUTONS				Sparkling Colas	_____	_____	_____	Light Bulbs	_____	_____	_____
Soups	_____	_____	_____	_____	_____	_____	_____	Vacuum Bags	_____	_____	_____
_____	_____	_____	_____	PASTRY				Pet Food	_____	_____	_____
Canned Meat	_____	_____	_____	Crackers	_____	_____	_____	_____	_____	_____	_____
Tuna	_____	_____	_____	Cookies	_____	_____	_____	MEAT			
Canned Meals	_____	_____	_____	Chips	_____	_____	_____	Beef	_____	_____	_____
CANNED VEGETABLES				Breads	_____	_____	_____	_____	_____	_____	_____
Tomato Sauce/Paste	_____	_____	_____	_____	_____	_____	_____	Chicken	_____	_____	_____
Vegetables	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

	QTY	Cost	Coup		QTY	Cost	Coup		QTY	Cost	Coup
DAIRY				Cheese							
Milk				Yellow							
Butter											
Cheese											
				White				Toothpaste			
Eggs								Deodorant			
Cottage Cheese				Prepared Salad				Hair Care			
Sour Cream								Hand Soap			
Yogurt								Body Soap			
								Facial Cleanser			
FRESH PRODUCE											
Vegetables								Feminine Protection			
								Razors			
				BAKERY				Shaving Cream			
Fruit				Sweet Rolls							
				Cake							
				Doughnuts							
				Pie							
				Cookies							
INTERNATIONAL FOODS											
Chinese											
				SCHOOL & OFFICE							
				Pens							
				Pencils							
Mexican				Paper							
				Notebooks							
				3 x 5 Cards							
Italian											
DELI											
Sliced Meat											
				PERSONAL ITEMS							
				Makeup							

Fast-Food Calorie Count

Items	Cal	Fat	Items	Cal	Fat
Kentucky Fried Chicken			Burger King		
<i>Original Recipe Chicken</i>			Hamburger	310	13
Wing	150	9	with cheese	350	17
Drumstick	140	8	Whopper	695	42
Breast	380	19	with cheese	785	50
Thigh	360	25	Double Whopper		
<i>Extra Crispy Chicken</i>			with cheese	1060	69
Wing	190	12	Apple Pie	300	13
Breast	460	28	Onion Rings (Medium)	320	16
<i>Salad</i>			French Fries (Medium)	360	18
Roasted Caesar Salad	220	9	Chocolate Shake (Small)	410	13
w/ranch dressing	420	29	Vanilla Shake (Small)	400	15
McDonald's			Wendy's Old-Fashioned Sandwiches		
Egg McMuffin	300	12	Hamburger (single)	420	19
Hot Cakes with Butter and Syrup	600	17	Jr. Burger	280	9
Scrambled eggs (2)	190	12	Ultimate Chicken Grill	360	7
Hash browns	140	8	Chili (Small)	220	6
Sausage Biscuit	410	26	French Fries (Medium)	440	21
Hamburger	260	9	Frosty (Small)	330	8
Cheeseburger	310	12	Arby's		
Quarter Pounder	420	18	Roast Beef	320	13
with Cheese	510	25	Beef 'n Cheddar	440	21
Big Mac	560	30	Super Roast Beef	440	19
French Fries (Medium)	350	16	Junior Roast Beef	270	9
Jack in the Box			Chicken Breast Fillet	500	25
Hamburger	310	14	Roast Chicken Club	470	25
Cheeseburger	350	17	Roast Turkey Ranch & Bacon	830	38
Jumbo Jack	600	35	SW Chicken Wrap	550	30
with Cheese	690	42	French Fries (Medium)	380	16
Regular Taco	160	8	Apple Turnover	250	10
Super Taco	240	14	Taco Bell		
Chicken Caesar Salad	220	8	Taco	170	10
SW Chicken Salad	330	13	Nachos	320	19
Breakfast Jack	290	12	Pintos 'n' Cheese	180	7
French Fries (Medium)	360	17	Tostada	250	10
Onion Rings	500	30	Bean Burrito	370	10
Cheesecake	310	16	Burrito Supreme (Beef)	440	18

Calorie and Carbohydrate Guide

Food	Size	Cal	Carb	Food	Size	Cal	Carb
Cereals				Beverages			
Bran flakes	1 cup	105	28	Apple juice	1 cup	120	30
Corn flakes	1 cup	121	21	Chocolate milk	1 cup	240	27
Corn grits	1/2 cup	60	13	Cola	8 oz.	97	25
Cooked wheat	1/2 cup	55	11	Grapefruit juice	1 cup	130	12
Oatmeal	1/2 cup	65	11	Malted milk	1 cup	245	28
Bread and Pastries				Vegetables			
Biscuits, baking powder	1	105	13	Orange juice	1 cup	120	29
Bread, French	2 slices	146	26	Pineapple juice	1 cup	135	34
Bread, raisin	2 slices	150	26	Root beer	8 oz.	100	26
Bread, rye	2 slices	120	26	Soda drinks	8 oz.	113	30
Bread, white	2 slices	140	26	Tomato juice	1 cup	45	10
Bread, whole wheat	2 slices	120	24	Beef, Lamb, Pork			
Buns, hot dog/hamburger	1	120	21	Bacon strips	2 avg.	90	1
Crackers, graham	1 (4"-sq.)	110	25	Beef heart	3 oz.	160	1
Crackers, rye	1	23	5	Beef liver	3 oz.	195	1
Crackers, soda	1 (4"-sq.)	50	8	Beef roast (incl. fat)	3 oz.	375	0
Flour, all-purpose (sifted)	1 cup	420	80	Beef steak (incl. fat)	3 oz.	330	0
Flour, corn meal	1 cup	440	91	Beef tongue	3 oz.	205	trace
Flour, whole wheat	1 cup	400	85	Bologna	1 slice	40	trace
Muffin	1	120	17	Corned beef	3 oz.	185	0
Rolls, hard	1	155	30	Frankfurter	1	170	1
Rolls, plain	1	120	20	Ground beef	3 oz.	245	0
Waffles	1	205	27	Ham, baked	3 oz.	245	0
Pancakes	2 (4")	120	18	Ham, boned	3 oz.	203	0
Pasta and Rice				Seafood			
Converted rice	2/3 cup	120	27	Cod	3 oz.	145	0
Egg noodles	2/3 cup	132	25	Clams, steamed	3 oz.	45	2
Macaroni	2/3 cup	127	26	Crab	3 oz.	85	1
Spaghetti	2/3 cup	103	21	Haddock	3 oz.	105	4
White rice	2/3 cup	150	33	Halibut	3 oz.	146	0
Sauce, Preserves, etc.				Desserts			
Brown or granulated sugar	1 tbls.	50	13	Angel food cake	1 piece	135	32
Catsup	1 tbls.	15	4				
Dill pickles	1 med.	10	1				
French dressing	2 tbls.	130	6				
Honey	1 tbls.	65	17				
Jam, jellies	1 tbls.	53	14				
Maple syrup	1 tbls.	60	15				
Mayonnaise	2 tbls.	200	trace				
Molasses	1 tbls.	45	11				
Olives	5	30	1				
Soups							
Beef broth	1 cup	30	3				
Bean soup	1 cup	170	22				
Celery, creamed	1 cup	162	18				
Chicken	1 cup	95	8				
Chicken noodle	1 cup	65	8				
Clam chowder	1 cup	80	12				
Onion	1 cup	67	5				
Pea	1 cup	145	21				
Tomato, plain	1 cup	90	16				
Vegetable	1 cup	80	13				

Food	Size	Cal	Carb	Food	Size	Cal	Carb
Brownies with nuts	1 square	95	10	Milk, evaporated	1 cup	345	24
Chocolate cake	1 piece	235	40	Milk, nonfat or skim	1 cup	85	12
Chocolate chip cookies	2	100	14	Milk, whole	1 cup	160	12
Cupcake	1	90	14	Parmesan, grated	2 oz.	260	2
Danish pastry	1	275	30	Sour cream	1 tbls.	25	1
Doughnut	2	250	32	Swiss cheese	2 oz.	210	2
Fruitcake	1 slice	55	9	Yogurt, skim	1 cup	166	14
Gelatin, sweet	1 cup	140	34	Fresh Fruits			
Ice cream	1 cup	255	28	Apples	1 med.	70	18
Pie, 2-crust (apple, cherry)	1 piece	350	51	Apricot	3 med.	55	14
lemon	1 piece	305	45	Avocado	1 med.	370	13
pumpkin	1 piece	275	32	Banana	1 med.	100	26
Pound cake	1 piece	140	14	Blueberries	1/2 cup	44	11
Popsicle	1	70	18	Cantaloupe	1/2 med	60	14
Sherbet	1 cup	260	59	Cherries, pitted	1/2 cup	55	13
Sponge cake	1 piece	195	35	Dates, pitted	1/2 cup	123	33
White cake	1 piece	250	45	Figs	1 avg.	60	15
Candies and Nuts				Grapefruit	1/2 med.	45	12
Almonds	12	85	3	Grapes	1 cup	66	16
Caramels	1 oz.	115	22	Lemon juice	1/2 cup	30	15
Fudge	2 oz.	230	41	Oranges	1 med.	65	16
Hard candy	2 oz.	220	56	Peaches	1 med.	35	10
Marshmallows	1 oz.	90	23	Pears	1 med.	100	25
Milk chocolate	2 oz.	290	32	Pineapples	1/2 cup	38	10
Peanuts	12	70	2	Plums	1 med.	25	7
Peanut butter	1 tbls.	95	3	Strawberries	1/2 cup	28	7
Popcorn	2 cups	80	10	Watermelon	1 med.	116	28
Walnuts	4	100	2	Vegetables			
Fish				Asparagus	1/2 cup	15	5
Sardines	3 oz.	175	0	Beans, baked	1/2 cup	100	24
Scallops	3 oz.	115	27	Beans, kidney	1/2 cup	100	21
Shrimp, canned	3 oz.	100	1	Beans, lima	1/2 cup	85	17
Trout	3 oz.	114	0	Beans, green	1/2 cup	15	2
Tuna	3 oz.	170	0	Beets	1/2 cup	27	6
Poultry				Broccoli	1/2 cup	20	4
Chicken, broiled	avg. serv.	100	0	Brussels sprouts	1/2 cup	28	5
Chicken, canned	3 oz.	170	0	Cabbage, raw	1/2 cup	8	2
Chicken pot pie	8 oz.	535	42	Cabbage, cooked	1/2 cup	15	3
Turkey	3 oz.	162	0	Carrot	1 med.	20	5
Dairy Products				Carrots, cooked	1/2 cup	23	5
Bleu cheese	2 oz.	210	2	Cauliflower	1/2 cup	13	3
Butter	1 tbls.	100	trace	Celery	1 stalk	6	2
Buttermilk	1 cup	90	12	Corn	1 ear	90	18
Cheddar cheese	2 oz.	230	2	Cucumber	1 avg.	30	6
Cottage cheese	1/2 cup	130	4	Eggplant	1/2" slice	25	4
Cream cheese	2 oz.	214	2	Lentils	3-1/2 oz.	106	18
Cream, light	1 tbls.	30	1	Lettuce	1/4 head	45	3
Cream, heavy	1 tbls.	55	1	Mushrooms	1/2 cup	20	3
Eggs, boiled	1 med.	80	trace	Onions, cooked	1/2 cup	30	7
Eggs, scrambled w/milk	1 med.	110	1	Peas, cooked	1/2 cup	58	12
Egg white	1 med.	15	trace	Other Fruits			
Egg yolk	1 med.	60	trace	Raisins	1/2 cup	240	64
Margarine	1 tbls.	100	trace	Strawberries, frozen	1/2 cup	103	26
				Canned applesauce	1/2 cup	115	31
				Canned fruit cocktail	1/2 cup	98	25

Calorie Burn-Off Guide

2-3 Calories Burned Per Minute

Dusting
Sweeping
Ironing
Sewing
Getting dressed
Desk work
Driving
Walking leisurely
Drawing or painting
Playing cards and board games
Knitting

3-4 Calories Burned Per Minute

Making beds
Bowling
Bicycling on level ground, 5 mph
Walking on level ground, 2 mph
Playing guitar, piano

Typing
Repairing appliances
Pushing a light lawnmower
Wiping floors

4-5 Calories Burned Per Minute

Volleyball
Horseshoes
Bicycling, 6 mph

Gardening
Fishing in still water
Mild exercising
Walking, 2½ mph
Driving a truck
Mopping
Cleaning windows

5-6 Calories Burned Per Minute

Badminton, singles
Tennis, doubles
Swimming, 20 yards per minute
Walking, 3-4 mph
Bicycling, 8 mph
Dancing
Carpentry
Vacuuming
House painting
Paper hanging

6-7 Calories Burned Per Minute

Heavy carpentry
Ice skating
Roller skating
Waterskiing
Horseback riding
Stream fishing
Rope jumping
Vigorous exercises
Walking, 4-5 mph
Bicycling, 10 mph

7-8 Calories Burned Per Minute

Tennis, singles
Skiing
Shoveling snow
Bicycling, 11 mph
Walking, 5-6 mph
Ballet dancing
Square dancing

8-10 Calories Burned Per Minute

Vigorous downhill skiing
Slow jogging, 5 mph
Swimming, backstroke
Bicycling, 12 mph
Digging ditches
Shoveling heavy snow
Climbing stairs
Squash

10-11 Calories Burned Per Minute

Running, 5½ mph
Bicycling, 13 mph
Handball

11-12 Calories Burned Per Minute

Running, more than 6 mph

Diet

Week of

What I Ate

Calories
Consumed

Carbohydrates

S
U
N

M
O
N

T
U
E

W
E
D

T
H
U

F
R
I

S
A
T

Fitness Program

Week of

Fitness Exercise

Hours Slept	Weight AM PM	Vitamins
----------------	--------------------	----------

S U N			
M O N			
T U E			
W E D			
T H U			
F R I			
S A T			

Babysitter Memo

Our Cell Phone _____

Our House Address _____

Children (names and ages) _____

We will be at (name and phone)

We will return at approximately

Special Instructions

Will you do...

The children like (games, TV, books)

Messages

Name _____ Phone _____

Emergency

Doctor _____ Police _____

Neighbor _____

Housecleaning List

Regular Chores

	To Do	Completed		To Do	Completed
Kitchen			Family Room		
floors	_____	_____	vacuum	_____	_____
counters	_____	_____	dust	_____	_____
stove	_____	_____	windows	_____	_____
refrigerator	_____	_____	_____	_____	_____
dishwasher	_____	_____	_____	_____	_____
scrub sinks	_____	_____	_____	_____	_____
microwave	_____	_____	_____	_____	_____
_____	_____	_____	Living Room		
_____	_____	_____	vacuum	_____	_____
Bath (1)			dust	_____	_____
scrub sink	_____	_____	windows	_____	_____
tub	_____	_____	_____	_____	_____
commode	_____	_____	_____	_____	_____
floor	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	Dining Room		
Bath (2)			vacuum	_____	_____
scrub sink	_____	_____	dust	_____	_____
tub	_____	_____	windows	_____	_____
commode	_____	_____	_____	_____	_____
floor	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	Bedroom (2)		
Bedroom (1)			change linens	_____	_____
change linens	_____	_____	vacuum/dust	_____	_____
vacuum/dust	_____	_____	floor	_____	_____
floor	_____	_____	baseboards	_____	_____
baseboards	_____	_____	closet	_____	_____
closet	_____	_____	Bedroom (4)		
Bedroom (3)			change linens	_____	_____
change linens	_____	_____	vacuum/dust	_____	_____
vacuum/dust	_____	_____	floor	_____	_____
floor	_____	_____	baseboards	_____	_____
baseboards	_____	_____	closet	_____	_____
closet	_____	_____			

Household Budget

Rent/ Mortgage Payment	Utilities	Food	Taxes	Insurance: Health and Life
<i>Totals</i>				

Auto Payment	Auto Repair and Gas	Telephone	Clothes	Credit Card	
<i>Totals</i>					

Household Budget

Childcare	Doctor	Dentist	Rx	Taxes
<i>Totals</i>				

Donations	Savings	Installment Payments	Miscellaneous
<i>Totals</i>			

Monthly Grand Total _____

Itemized Expenses

Name						Week Ending	
Date							
	SUN	MON	TUE	WED	THU	FRI	SAT
From							
To							
To							
Auto Mileage							
At ¢ Per Mile							
Auto Rental							
Gas Oil Lube							
Hotel							
Breakfast							
Lunch							
Dinner							
Air/Rail/Bus							
Local Cab/Bus							
Phone							
Entertainment							
Tips							
Tolls							
Childcare							
Misc.							
Daily Total							
Total Expenses							
Entertainment (date, who discussed)							
Signed							

Goals and Projections

Time Period

Items to consider listing:

Personal, Physical, Family, Spiritual, Career or
Work, Financial

Target
Date

Completed
Date

Project Planner

Project _____

Start _____ Target _____ Finish _____

Purpose _____

Idea/Summary _____

Plan Main Steps	<i>Time Required</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes

Telephone Directory

		Telephone Address
<input type="text"/>		
Name		Tel. No.
E-mail		Cell
Name		Tel. No.
E-mail		Cell
Name		Tel. No.
E-mail		Cell
Name		Tel. No.
E-mail		Cell
Name		Tel. No.
E-mail		Cell
Name		Tel. No.
E-mail		Cell
Name		Tel. No.
E-mail		Cell
Name		Tel. No.
E-mail		Cell

My Yellow Pages

Name

Tel. No.

Name

Tel. No.

Name

Tel. No.

Name

Tel. No.

Name

Tel. No.

Name

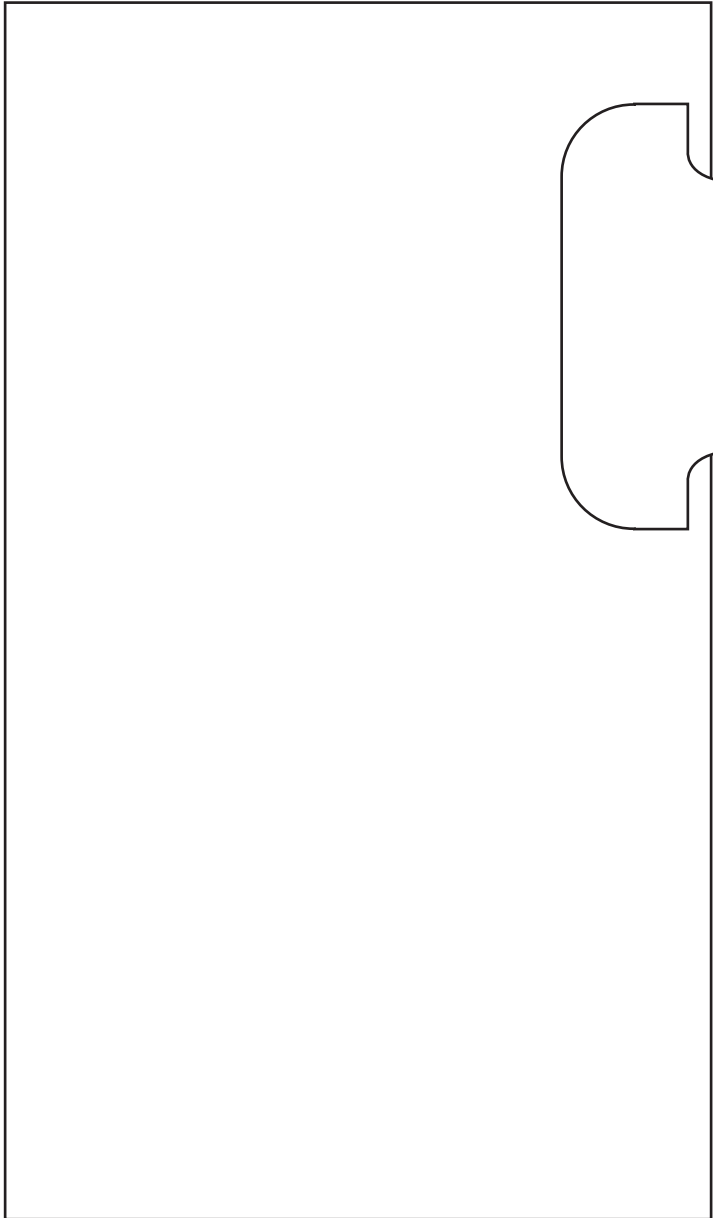
Tel. No.

Name

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Week-at-a-Glance

Week Scan

(Circle Month)

JAN

FEB

MAR

APRIL

MAY

JUN

Week Beginning

Monday

AM

Date

APPTS

TO DO

NOON

CALLS

PM

Tuesday

AM

Date

APPTS

TO DO

NOON

CALLS

PM

Wednesday

AM

Date

APPTS

TO DO

NOON

CALLS

PM

Week Scan

(Circle Month)

JUL

AUG

SEP

OCT

NOV

DEC

Week Ending

Thursday

AM

Date

APPTS

TO DO

NOON

CALLS

PM

Friday

AM

Date

APPTS

TO DO

NOON

CALLS

PM

Saturday

Date

Sunday

Date

Travel Checklist

Apparel	Color	Accessories	Color	Undergarments
Suits	_____	Ties/Scarves	_____	T-Shirts
	_____		_____	Shorts
	_____		_____	Panties
Jackets	_____	Belts	_____	Slips
	_____		_____	Bras
	_____		_____	
Dresses	_____	Hats	_____	Miscellaneous
	_____		_____	Camera & Film
	_____		_____	Journal
Shirts	_____	Jewelry	_____	Reading Material
	_____		_____	_____
	_____		_____	_____
Shoes	_____	Hankies	_____	Vitamins
	_____	Stockings	_____	Medications
	_____		_____	Aspirins
Handbags	_____	Sleepwear		
	_____	Robe	_____	Stationery
	_____	Slippers	_____	Stamps
Shorts	_____	P.J.'s	_____	Recreational Equipment
	_____		_____	_____
	_____	Cosmetics		_____
Slacks	_____	Toothbrush and		_____
	_____	Toothpaste	_____	_____
	_____	Razor	_____	Passport
	_____	Shaving Cream	_____	Travelers Checks
Sport Clothes		Hairspray	_____	Business Papers
Swimsuit	_____	Makeup	_____	Computer and Connectors
Cover-up	_____	Nail Care	_____	_____
Pool Shoes	_____	Face Creams	_____	_____
Tennis Clothes	_____	Cologne	_____	_____
	_____	Hair Dryer	_____	_____
Running Clothes	_____	Curling Iron	_____	Gift for Hostesses
	_____	Curlers	_____	_____
	_____		_____	_____
	_____		_____	_____

Backpacking/Camping Checklist

Date:
Location:

- Canteen
- Water Bag or Jugs
- Pots
- Fry Pan
- Cup/Bowl
- Tablespoon/Silverware
- Foil
- Matches
- Pot Tongs
- BP Grill
- Stove Fuel
- Eating Utensils
- Salt/Pepper
- Milk/Sugar
- Coffee/Tea
- Drink Mix
- Cooking Oil
- Trail Snacks

Clothing

- Socks
- Underwear
- Sock Cap
- Pj's/Long Johns
- Jacket
- Wool Shirt
- Windbreaker
- Rainwear/Poncho
- Bandannas
- Swimsuit
- Gloves
- Sneakers
- Shirts
- Trousers
- Shorts

Shelter

- Tent & Stakes
- Sleeping Pad/Air Mattress
- Sleeping Bags
- Ground Cloth
- Nylon Cord
- Tarp

Toiletries

- Toothbrush
- Toothpaste
- Soap
- Toilet Paper
- Towel
- Washcloth
- Sanitary Supplies
- Mirror/Razor
- Contact Lenses Supplies

Medical

- Antiseptic
- Band-Aids
- Gauze Pads
- Moleskin
- Snake Kit
- 2" Adhesive Tape
- Tweezers
- Safety Pins
- Medications
- Sun Lotion
- Glasses
- Vitamins
- Water Purifiers

Miscellaneous

- Matches
- Candles
- Flashlight
- Batteries
- Plastic Bags
- Maps
- Notebooks/Pens
- Fire Permit/Fish Permit
- Camera/Film
- Game/Cards

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Food

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Auto Maintenance Record

Year: _____ Mfr. _____
Model: _____
Purchased from: _____
Salesperson: _____
Price: _____
Warranty Info: _____
Tire Facts (lbs. of air): _____ Brand and Type _____
Oil Facts (weight): _____ Frequency of Change _____
Dealer or Service Center: _____
Phone No.: _____ E-mail: _____

Service Record

Date	Service	Expense
		\$

Service Record

Date	Service	Expense
		\$

Appliance Record

Appliance: _____

Manufacturer: _____ Website: _____

Model Name and Number: _____

Year: _____

Serial No. _____

Maintenance Policy Purchased yes _____ no _____

Insured by: _____

Name and Number: _____

Appliance: _____

Manufacturer: _____ Website: _____

Model Name and Number: _____

Year: _____

Serial No. _____

Maintenance Policy Purchased yes _____ no _____

Insured by: _____

Name and Number: _____

Appliance: _____

Manufacturer: _____ Website: _____

Model Name and Number: _____

Year: _____

Serial No. _____

Maintenance Policy Purchased yes _____ no _____

Insured by: _____

Name and Number: _____

Medical Records

Name: _____ Blood Type: _____

Immunizations

Date	Type	Date	Type

Disease Contracted

Date	Type	Details

Injuries, Accidents

Date	Details

Examination Record

<i>Physical</i> Date, Checkup, Results	<i>Dental</i> Date, Checkup, Results	<i>Eye</i> Date, Checkup, Results

Credit Card Information

Company Name Address Phone Number Website	Exp. Date	No. of Cards Issued	Card Number	Call If Lost or Stolen

Gift List

Name _____

Personal Data (Age/Sizes) _____

Occasion _____

Gift Ideas (Interest Areas) _____

Date Sent

Cost

Acknowledged

Name _____

Personal Data (Age/Sizes) _____

Occasion _____

Gift Ideas (Interest Areas) _____

Date Sent

Cost

Acknowledged

Name _____

Personal Data (Age/Sizes) _____

Occasion _____

Gift Ideas (Interest Areas) _____

Date Sent

Cost

Acknowledged

Christmas Gift List

Name: _____ Personal Data _____

Ideas _____

20 ___ Sent _____ Cost \$ _____ Acknowledged _____

20 ___ Sent _____ Cost \$ _____ Acknowledged _____

20 ___ Sent _____ Cost \$ _____ Acknowledged _____

20 ___ Rec'd _____ Acknowledged _____

20 ___ Rec'd _____ Acknowledged _____

Name: _____ Personal Data _____

Ideas _____

20 ___ Sent _____ Cost \$ _____ Acknowledged _____

20 ___ Sent _____ Cost \$ _____ Acknowledged _____

20 ___ Sent _____ Cost \$ _____ Acknowledged _____

20 ___ Rec'd _____ Acknowledged _____

20 ___ Rec'd _____ Acknowledged _____

Name: _____ Personal Data _____

Ideas _____

20 ___ Sent _____ Cost \$ _____ Acknowledged _____

20 ___ Sent _____ Cost \$ _____ Acknowledged _____

20 ___ Sent _____ Cost \$ _____ Acknowledged _____

20 ___ Rec'd _____ Acknowledged _____

20 ___ Rec'd _____ Acknowledged _____

Guest List

Date

Happening

Notes:

Name Tag	Place Card	Guest Name	Phone #	Date Invitation Extended	Will Attend	Unable to Attend

Hospitality/Entertainment Helper

Happening (Description/Theme) _____

Date _____

Place _____

Menu (Beverage, Appetizers, Main Course, Dessert) _____

Assistants and Caterer _____

Activities _____

To Do	Budget
_____	\$ _____
_____	_____
_____	_____
_____	_____

Items Lent and Borrowed

Name of Item/Owner	Date Item Borrowed/Loaned	Date Returned

Client/Contact/Customer Record

Name _____ Phone _____

Address _____ E-mail _____

City _____ State _____ Zip _____

Referred by _____

Notes and Pertinent Information _____

Name _____ Phone _____

Address _____ E-mail _____

City _____ State _____ Zip _____

Referred by _____

Notes and Pertinent Information _____

Name _____ Phone _____

Address _____ E-mail _____

City _____ State _____ Zip _____

Referred by _____

Notes and Pertinent Information _____

Name _____ Phone _____

Address _____ E-mail _____

City _____ State _____ Zip _____

Referred by _____

Notes and Pertinent Information _____

Sermon Notes

--

Date

--

Speaker

--

Subject

Key Reference(s)

	Notes	Verse Ref.

Prayer Requests

--

Individual or Group

Date	Person Requesting	Request/Outcome

Prayer Journal

Date

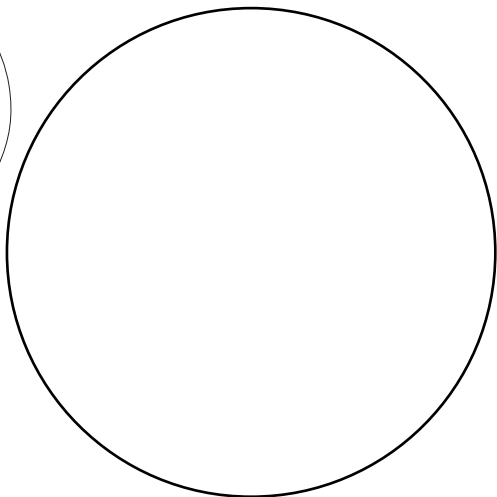
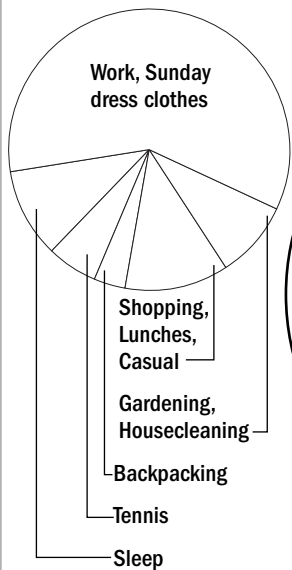
Today's Scripture _____

Thank-yous/Gratitude _____

Concerns _____

What's God saying to me? Insights, revelations (in Scripture or in my conscience) _____

Wardrobe Activity Wheel



Total: 168 hours

Wardrobe Inventory

Blouses

Dresses

Jackets

Shirts

Slacks

Sweaters

Skirts

Accessories

Suits

Shoes
