

WEEK	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 7 Date: _____ Goal: _____							
Week 8 Date: _____ Goal: _____							
Week 9 Date: _____ Goal: _____							
Week 10 Date: _____ Goal: _____							
Week 11 Date: _____ Goal: _____							
Week 12 Date: _____ Goal: _____							

Congratulations on the successful completion of the 12-week program!

To evaluate Rx for Fitness, please complete the evaluation form found at www.rxforfitness.org and submit online - or mail to **Rx for Fitness, PO Box 2681, Cedar Rapids, IA 52406**