

**MONDAY**

Date:	Location:	Plan completed: Yes / No
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Time:	Distance:	Pace:
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Notes (Complementary training, mood, difficulties):

**TUESDAY**

Date:	Location:	Plan completed: Yes / No
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Time:	Distance:	Pace:
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Notes (Complementary training, mood, difficulties):

**WEDNESDAY**

Date:	Location:	Plan completed: Yes / No
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Time:	Distance:	Pace:
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Notes (Complementary training, mood, difficulties):

**THURSDAY**

Date:	Location:	Plan completed: Yes / No
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Time:	Distance:	Pace:
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Notes (Complementary training, mood, difficulties):

**FRIDAY**

Date:	Location:	Plan completed: Yes / No
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Time:	Distance:	Pace:
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Notes (Complementary training, mood, difficulties):

**SATURDAY**

Date:	Location:	Plan completed: Yes / No
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Time:	Distance:	Pace:
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Notes (Complementary training, mood, difficulties):

**SUNDAY**

Date:	Location:	Plan completed: Yes / No
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Time:	Distance:	Pace:
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Notes (Complementary training, mood, difficulties):