

DAILY CALENDAR

Date _____

TIME	PROJECT	APPOINTMENTS
7 AM		
8 AM		
9 AM		
10 AM		
11 AM		
Noon		
1 PM		
2 PM		
3 PM		
4 PM		
5 PM		
6 PM		
7 PM		
8 PM		
9 PM		

NOTES

TO DO	PHONE CALLS		
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	ITEM		NAME	PHONE #	REASON
✓		✓			

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DAILY CALENDAR

9 AM	3 PM
10 AM	4 PM
11 AM	5 PM
Noon	6 PM
1 PM	7 PM
2 PM	8 PM

NOTES

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FOR THE WEEK OF

THINGS TO DO

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

APPOINTMENTS

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

SPECIAL ATTENTION

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

PHONE LOG

Name	_____
Phone	_____
Topic	_____

<hr/>	
Name	_____
Phone	_____
Topic	_____

Name	_____
Phone	_____
Topic	_____

<hr/>	
Name	_____
Phone	_____
Topic	_____

NOTES

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WEEKLY CALENDAR

Date _____

GOALS FOR THE WEEK	GOALS FROM LAST WEEK

MONDAY	TUESDAY	WEDNESDAY
D	D	D
O	O	O
P	P	P
H	H	H
O	O	O
N	N	N
E	E	E

THURSDAY	FRIDAY	SATURDAY/SUNDAY
D	D	D
O	O	O
P	P	P
H	H	H
O	O	O
N	N	N
E	E	E

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TWELVE-MONTH PLANNING CALENDAR

JANUARY	FEBRUARY	MARCH
APRIL	MAY	JUNE
JULY	AUGUST	SEPTEMBER
OCTOBER	NOVEMBER	DECEMBER

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