

BWLW's 30 Days of Exercise Challenge - Tracking Calendar

Nov 1 - Nov 30th - 5 Days of Exercise Each Week with 2 Active Rest Days - Minimum of 30 Minutes Per Workout. Workout at your own pace, but challenge yourself and work hard. **Check in NIGHTLY** on Facebook or Instagram! **#BWLW30** www.facebook.com/blackwomenlosingweight - [@blackwomenlosingweight](https://www.instagram.com/blackwomenlosingweight)

Full Challenge Details www.blackweightlosssuccess.com						1 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	2 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water
Lose to Win - Join our November DietBet for extra motivation!							
3 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	4 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	5 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	6 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	7 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	8 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	9 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	
10 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	11 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	12 <input type="checkbox"/> Workout Day <input type="checkbox"/> Rest Day _____ oz of water	13 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	14 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	15 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	16 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	
17 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	18 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	19 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	20 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	21 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	22 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	23 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	
24 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	25 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	26 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	27 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	28 Thanksgiving Take a Rest Day!	29 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	30 <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day _____ oz of water	