



Week # _____

Average Resting Heart Rate: _____

Date	Activity (brief description of workout session)	Duration of Session	Average Heart Rate or Perceived Exertion Rate	Health Component of Fitness (main focus of workout)	Validation (must be name of your fitness sponsor or a saved workout to your FitBit Account. If FitBit is your validation be sure to add screenshot of workout information.)

Fitness Sponsor Name: _____ Phone: _____ Email: _____