

# MEAL PLAN

WEEK OF: \_\_\_\_\_

MONDAY	SHOPPING LIST
B: _____	<input type="checkbox"/> _____
L: _____	<input type="checkbox"/> _____
D: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____
TUESDAY	<input type="checkbox"/> _____
B: _____	<input type="checkbox"/> _____
L: _____	<input type="checkbox"/> _____
D: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____
WEDNESDAY	<input type="checkbox"/> _____
B: _____	<input type="checkbox"/> _____
L: _____	<input type="checkbox"/> _____
D: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____
THURSDAY	<input type="checkbox"/> _____
B: _____	<input type="checkbox"/> _____
L: _____	<input type="checkbox"/> _____
D: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____
FRIDAY	<input type="checkbox"/> _____
B: _____	<input type="checkbox"/> _____
L: _____	<input type="checkbox"/> _____
D: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____
SATURDAY	<input type="checkbox"/> _____
B: _____	<input type="checkbox"/> _____
L: _____	<input type="checkbox"/> _____
D: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____
SUNDAY	<input type="checkbox"/> _____
B: _____	<input type="checkbox"/> _____
L: _____	<input type="checkbox"/> _____
D: _____	<input type="checkbox"/> _____