

ROAD TRIP PREP

Dates : _____

Day 1	
<input type="checkbox"/>	Walking
<input type="checkbox"/>	Fiber Rich Food
<input type="checkbox"/>	Vitamin C
<input type="checkbox"/>	Water
Day 2	
<input type="checkbox"/>	Walking
<input type="checkbox"/>	Fiber Rich Food
<input type="checkbox"/>	Vitamin C
<input type="checkbox"/>	Water
Day 3	
<input type="checkbox"/>	Walking
<input type="checkbox"/>	Fiber Rich Food
<input type="checkbox"/>	Vitamin C
<input type="checkbox"/>	Water

Check	Trip Prep
	Visit Doctor
	Visit Chiropractor
	Set Bedtime

Meal Plan	
Breakfast	
Lunch	
Dinner	

Departure Date

Water Tracker
