Skater Name $\qquad$

|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 7 Minute Workout |  |  |  |  |  |  |  |
| Group Lesson |  |  |  |  |  |  |  |
| Off Ice Warm Up |  |  |  |  |  |  |  |
| On Ice Practice |  |  |  |  |  |  |  |
| Private Lesson |  |  |  |  |  |  |  |
| Run Through |  |  |  |  |  |  |  |
| Static Stretch |  |  |  |  |  |  |  |
| Visualization |  |  |  |  |  |  |  |
| Please make note of any levels passed w/ date: |  |  |  |  |  |  |  |

Skater Name: $\qquad$ Week of: $\qquad$

|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
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