

ERFOLGS - TRACKER



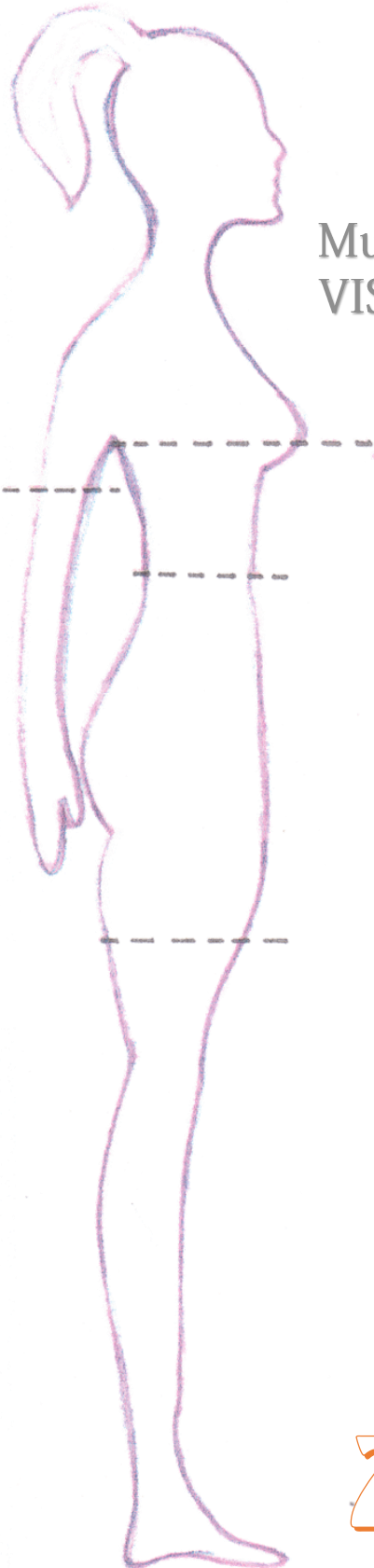
Name _____

Alter _____

Größe _____

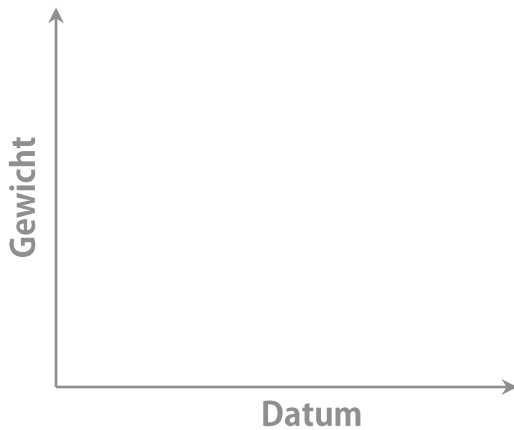
Datum

Gewicht					
BMI					
Fett %					
Muskeln %					
VIS. Fett %					



Woche 1 Woche 4 Woche 8 Woche 12

Brust				
Taille				
Hüfte				
Bein re Bein li				
Arm re Arm li				



Ziel:

IF YOU'RE TIRED OF SOMETHING OVER
Stop giving up

