LOWCARBTOGETHER

eat well, feel great, live longer

WEEKLY MEAL PLAN DATE & WEIGHT	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
ANY SNACKS & NIBBLES (BE HONEST!)							
BREAKFAST							
LUNCH							
DINNER							
DRINKS							
EXERCISE, NOTES, HOW DID YOU FEEL?							
CARB COUNT							