

WEEK# _____ BLOCK# _____ MONTH _____

DAILY SUMMARY AND COMMENTS

DAY/DATE	TRAINING METHOD									INTENSITY LEVEL	ACTIVITY					Resting Pulse (a.m.)	Weight (a.m.)	Sleep (Hours)	
	Warm-Up	L.S.D. (Level 1)	L.S.D. (Level 2)	Long/Natural Interval	Race Pace	Competition	Short Interval		Strength		Ski	Roller Ski	Foot	Cycle	Other (a.m.)				
							Speed	Hill Bd.											
M																			Monday
T																			Tuesday
W																			Wednesday
T																			Thursday
F																			Friday
S																			Saturday
S																			Sunday
Week Tot.																			
Mth. Tot.																↑ Average ↑			
Year Tot.																			

Week Total	
Month Total	
Year Total	

Intensity Of Week: Easy
 Medium
 Hard
 Very Hard

Weekly Summary and Comments