

APPENDIX 3 – TRAINING SCHEDULE

RESPONSIBLE COACH: _____

NAME: _____

ENTER DATE & TIME WHEN TRAINING IS PLANNED. USE A PENCIL TO BE ABLE TO ERASE AND CHANGE IF TRAINING IS NOT COMPLETED ACCORDING TO PLAN.

Week 1

Day	Date	Time	Coach	Comments
1				
2				
3				
4				
5				

Week 2

Day	Date	Time	Coach	Comments
6				
7				
8				
9				
10				

Week 3

Day	Date	Time	Coach	Comments
11				
12				
13				
14				
15				

Week 4

Day	Date	Time	Coach	Comments
16				
17				
18				
19				
20				

Week 5

Day	Date	Time	Coach	Comments
21				
22				
23				
24				
25				