

DAILY PLANS

Date: ____/____/____

PRIORITIES FOR THE DAY

1. _____
2. _____
3. _____

PLACES TO BE	THINGS TO DO
	<input type="checkbox"/> _____
	<input type="checkbox"/> _____
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	<input type="checkbox"/> _____
	<input type="checkbox"/> _____
	<input type="checkbox"/> _____

DAILY GRATITUDE

1. _____
2. _____
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