

AUGUST

Year _____

SUN

MON

TUE

WED

THU

FRI

SAT

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

MUST DO THIS MONTH

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

MONTH FOCUS

| |
|-------|
| ----- |
| ----- |
| ----- |
| ----- |
| ----- |