



D*I*Y Planner v3.0 Core Package

Welcome to the **D*I*Y Planner** system, developed by Douglas Johnston of DIYPlanner.com. This series of free do-it-yourself, printable forms covers life management, calendars, project planning, notetaking, health, finance, and creative uses like writing, storyboards, and web design. Besides the nearly 200 printable templates, it also includes a cover kit, a detailed handbook brimming with advice, and a beginner's guide to setting up your own customised planner system. With some basic supplies and a little elbow grease, you can create an ideal low-cost kit that meets almost every need.

This the **D*I*Y Planner v3 Core Package**, the main file for the system, containing scores of forms for life and project management, as well as a number of generic templates and various odds and ends. Note that most templates include variations for both odd and even pages, allowing you to print and configure your own personalised system however you like.

The most recent version of this package, along with the rest of the printable template kits, can always be found at:

<http://www.diyplanner.com/templates/official/classic>

The DIYPlanner.com site also contains handbooks, how-to guides, documents and numerous articles that can help you make the most of your planner. Please visit the [site home page](#) or the [documents section](#) to get started.

Legal Rights & Disclaimers

All official D*I*Y Planner templates, covers, and relevant documentation are ©2004-2006 [Douglas Johnston](#), email dougj@diyplanner.com.

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Personal Profile



Contact Information

NAME		
Address		
Telephone	Work	Fax
	Mobile	Home
	Other	
Email		
Messenger		
Website		

Emergency Information

NOTIFY	Relationship
Address	
Telephone	
Email	
Medical Issues <small>(Allergies, medications, etc.)</small>	
Blood Type/Issues	
Health Plan	





Personal Profile



Contact Information

NAME		
Address		
Telephone	Work	Fax
	Mobile	Home
	Other	
Email		
Messenger		
Website		

Emergency Information

NOTIFY	Relationship
Address	
Telephone	
Email	
Medical Issues <small>(Allergies, medications, etc.)</small>	
Blood Type/Issues	
Health Plan	





Important Numbers

Medical & Emergency		
Hospital		
Doctor		
Poison Control		
Dentist		
Veterinarian		
Insurance		Account
Police		
Fire Department		
Home & Automotive		
Landlord		
Garage		
Insurance		Account
Services	Plumber	Electrician
	Carpenter	
Financial *		
Accountant		
Accounts (Saving, Chequing, Credit Cards)		Account
		Account
		Account
		Account
Other		

* Remember that all financial information should be safeguarded in order to protect yourself from theft.

Important Numbers















Medical & Emergency		
Hospital		
Doctor		
Poison Control		
Dentist		
Veterinarian		
Insurance		Account
Police		
Fire Department		
Home & Automotive		
Landlord		
Garage		
Insurance		Account
Services	Plumber	Electrician
	Carpenter	
Financial *		
Accountant		
Accounts (Saving, Chequing, Credit Cards)		Account
		Account
		Account
		Account
Other		

* Remember that all financial information should be safeguarded in order to protect yourself from theft.















Important Numbers

Important Numbers













Harmony

Harmony	
	
	
	
	
	
	
	













Harmony

Harmony	
	
	
	
	
	
	
	

Harmony

Harmony			
			
			
			
			
			
			
			

Harmony

Harmony			
			
			
			
			
			
			
			

Combined Actions



Actions

<input type="checkbox"/>
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Waiting For

<input type="checkbox"/>
<input type="checkbox"/>
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<input type="checkbox"/>

Notes

Combined Actions



Actions

<input type="checkbox"/>
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<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
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<input type="checkbox"/>
<input type="checkbox"/>
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Waiting For

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
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<input type="checkbox"/>

Notes

Actions Quadrant



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<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
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<input type="checkbox"/>		<input type="checkbox"/>	
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<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

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<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
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<input type="checkbox"/>		<input type="checkbox"/>	
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<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	



Actions Quadrant



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<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
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<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

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<input type="checkbox"/>		<input type="checkbox"/>	
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<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	



Agendas

Person / Meeting	
Item	Date/Time
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Person / Meeting	
Item	Date/Time
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Agendas

Person / Meeting	
Item	Date/Time
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Person / Meeting	
Item	Date/Time
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Goal Planning

Goal	
Mission	
Wildly Successful If ...	
Step	Target
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
Outcomes	

Goal Planning

Goal	
Mission	
Wildly Successful If ...	
Step	Target
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
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<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
Outcomes	

Goal Planning

Goal

Mission

Wildly Successful If ...

Step	Target
------	--------

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
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<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Outcomes

Goal Planning

Goal

Mission

Wildly Successful If ...

Step	Target
------	--------

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
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<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Outcomes

Objectives

Objective	
Description	Target Date
<hr/>	
<input type="checkbox"/>	
Benefits	
Challenges	

Step	Target
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
Outcome	
<hr/>	

Objectives

Objective	
Description	Target Date
<hr/>	
<input type="checkbox"/>	
Benefits	
Challenges	

Step	Target
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
Outcome	
<hr/>	

Objective	
Description	Target Date
<hr/>	
<input type="checkbox"/>	
Benefits	
Challenges	

Step	Target
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
Outcome	
<hr/>	

Objective	
Description	Target Date
<hr/>	
<input type="checkbox"/>	
Benefits	
Challenges	

Step	Target
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
Outcome	
<hr/>	

Priority Matrix

Title	Date
URGENCY	
IMPORTANCE Urgent / Important	Not Urgent / Important
Urgent / Not Important	Not Urgent / Not Important

Priority Matrix

Title	Date
URGENCY	
IMPORTANCE Urgent / Important	Not Urgent / Important
Urgent / Not Important	Not Urgent / Not Important

Priority Matrix

Title	Date
-------	------

		URGENCY	
		Urgent / Important	Not Urgent / Important
IMPORTANCE	Urgent / Important		
	Urgent / Not Important		

Priority Matrix

Title	Date
-------	------

		URGENCY	
		Urgent / Important	Not Urgent / Important
IMPORTANCE	Urgent / Important		
	Urgent / Not Important		

Project Details A

Title

Client		
Start Date		Target Date

Description / Objectives

Basic Resources

<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

Notes

Project Details A

Title

Client		
Start Date		Target Date

Description / Objectives

Basic Resources

<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

Notes

Project Details A

Title

Client

Start Date Target Date

Description / Objectives

Basic Resources

<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

Notes

Grid area for notes

Project Details A

Title

Client

Start Date Target Date

Description / Objectives

Basic Resources

<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

Notes

Grid area for notes

Project Outline A



Title

Description

Objective

Challenges	Solutions

Task	Target
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
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<input type="checkbox"/>	
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<input type="checkbox"/>	
<input type="checkbox"/>	

Project Outline A



Title

Description

Objective

Challenges	Solutions

Task	Target
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
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<input type="checkbox"/>	
<input type="checkbox"/>	

Project Outline A

Title

Description

Objective

Challenges

Solutions

<small>Task</small>	<small>Target</small>
---------------------	-----------------------

Project Outline A

Title

Description

Objective

Challenges

Solutions

<small>Task</small>	<small>Target</small>
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Project Outline ^B



Title

	Task	Target
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
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<input type="checkbox"/>		
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<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		



Project Outline ^B



Title

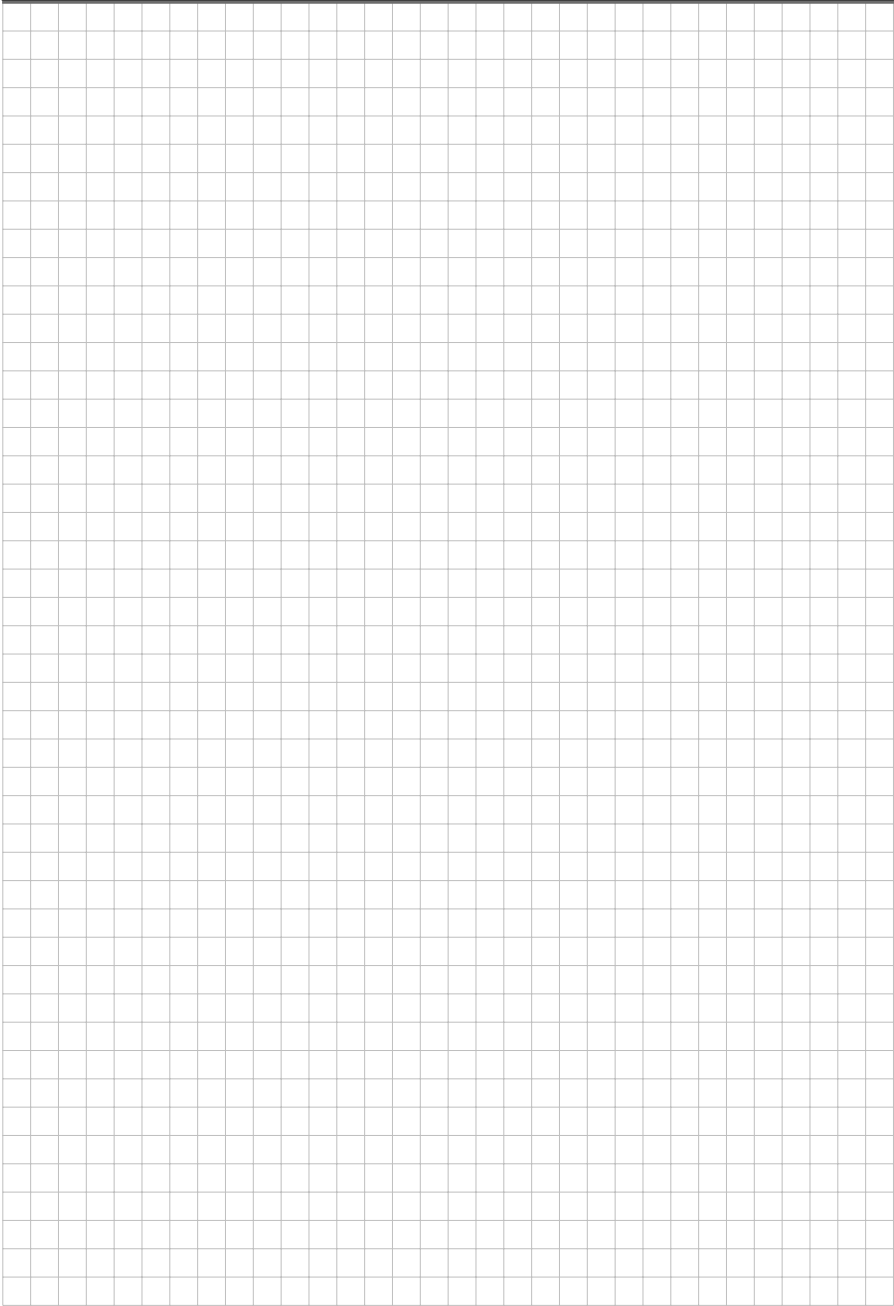
	Task	Target
<input type="checkbox"/>		
<input type="checkbox"/>		
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<input type="checkbox"/>		
<input type="checkbox"/>		
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<input type="checkbox"/>		



Project Notes



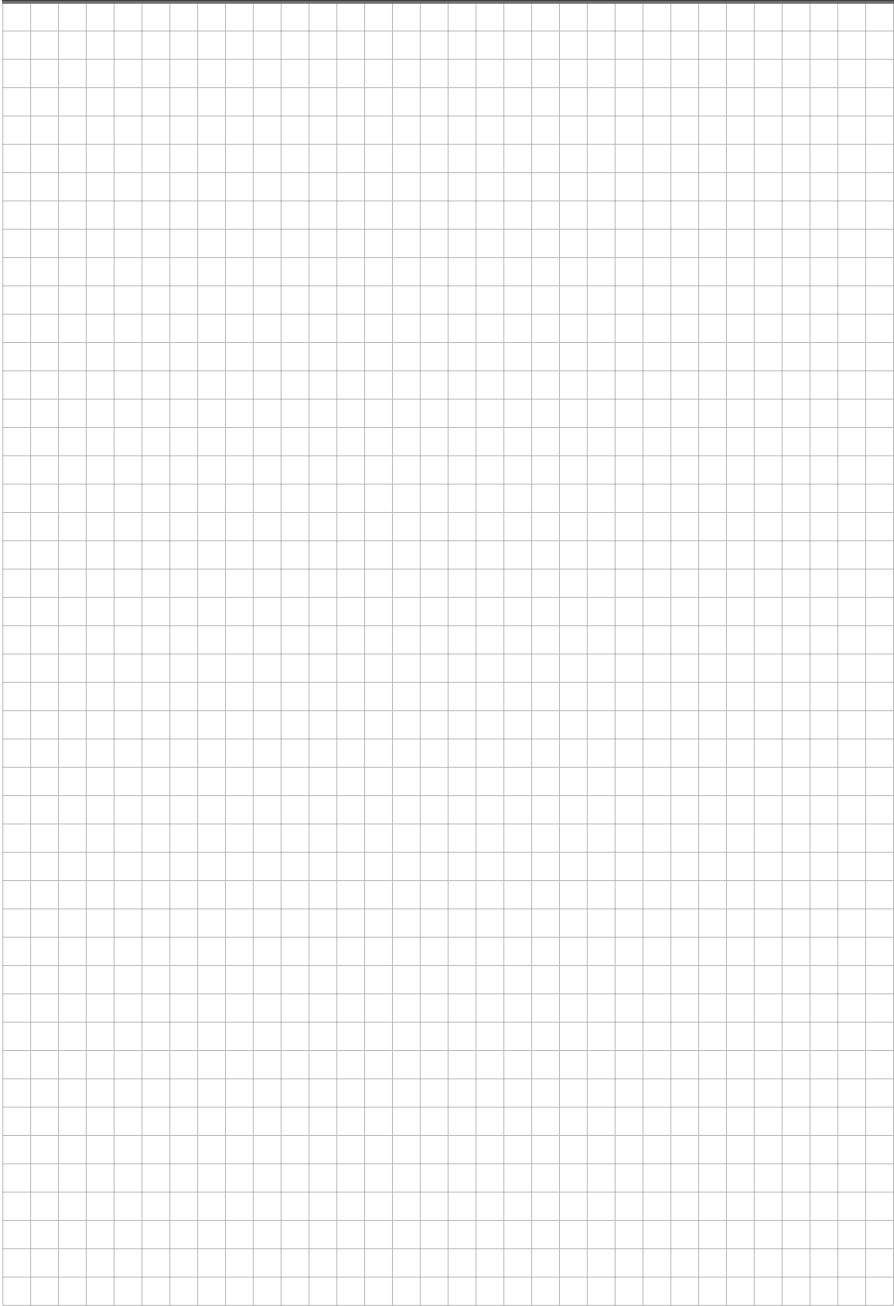
Title



Project Notes

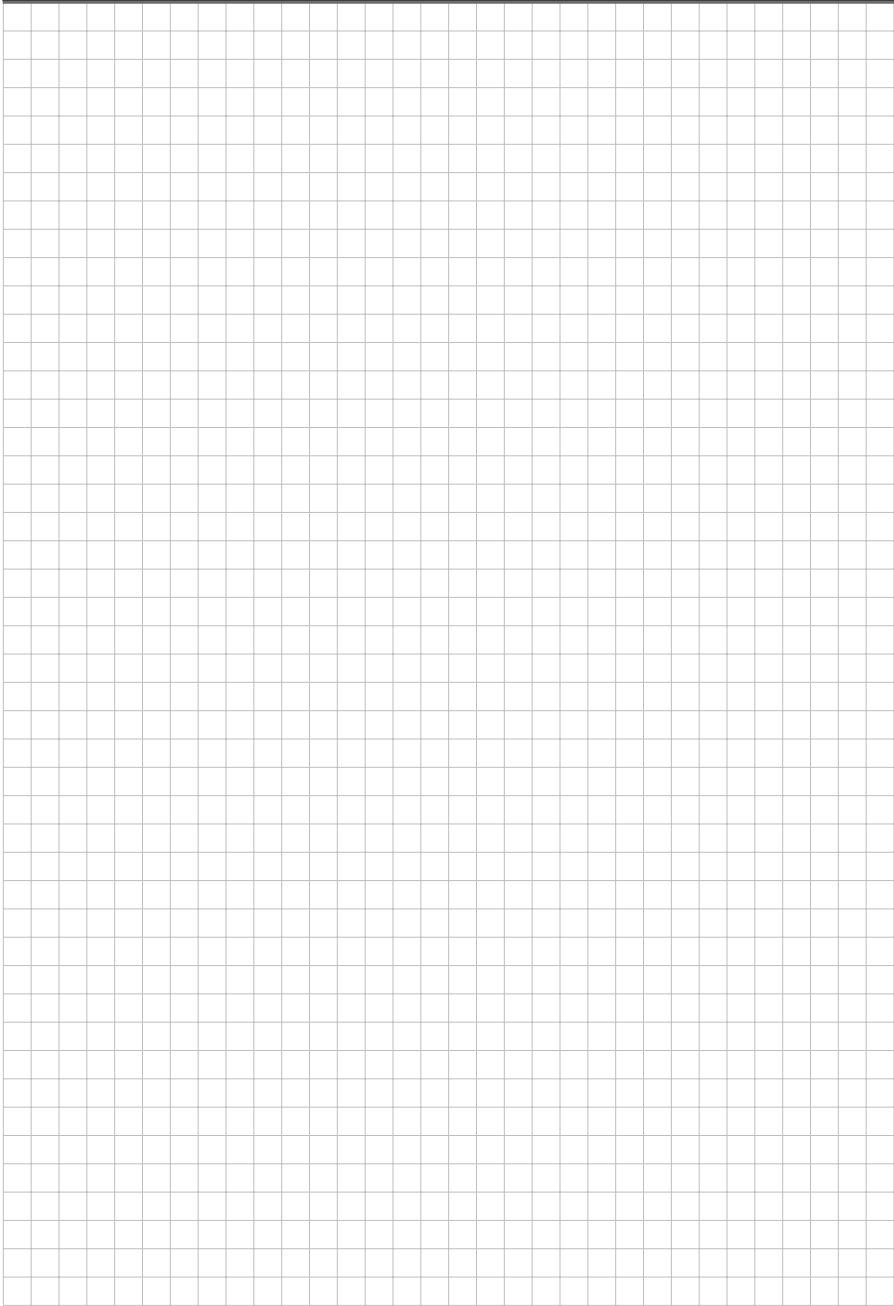


Title



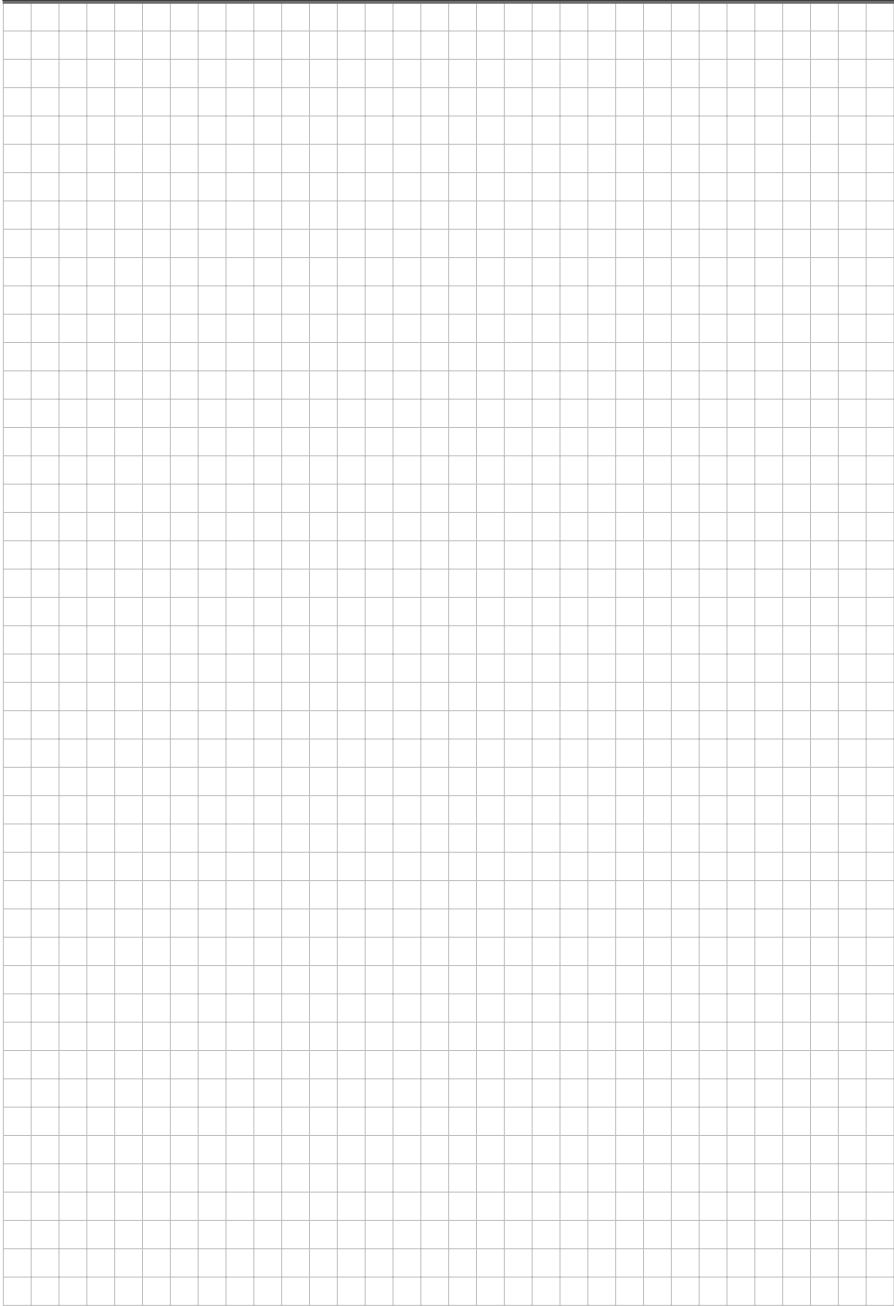
Project Notes

Title



Project Notes

Title



Project Tracker

Project					
Objective		Dates			
		Target Date		Completed Date	
Notes & Issues					
Item	Action	Due	Del	Comp	Impact
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
				External Impact	
				Total Impact	
<small>ITEM = Item or Reference Number ACTION = Project Action or Item DUE = Set Due Date DEL = Delegate Name and/or Date COMP = Completion Date IMPACT = Impact of Completion Date(s) on project, in days</small>					

Project Tracker

Project					
Objective		Dates			
		Target Date		Completed Date	
Notes & Issues					
Item	Action	Due	Del	Comp	Impact
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
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<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
				External Impact	
				Total Impact	
<small>ITEM = Item or Reference Number ACTION = Project Action or Item DUE = Set Due Date DEL = Delegate Name and/or Date COMP = Completion Date IMPACT = Impact of Completion Date(s) on project, in days</small>					

Project Tracker

Project	
---------	--

Objective	Dates
	Target Date
	Completed Date

Notes & Issues

Item	Action	Due	Del	Comp	Impact
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
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<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

ITEM = Item or Reference Number ACTION = Project Action or Item
DUE = Set Due Date DEL = Delegate Name and/or Date COMP = Completion Date
IMPACT = Impact of Completion Date(s) on project, in days

External Impact	
Total Impact	

Project Tracker

Project	
---------	--

Objective	Dates
	Target Date
	Completed Date

Notes & Issues

Item	Action	Due	Del	Comp	Impact
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
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<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

ITEM = Item or Reference Number ACTION = Project Action or Item
DUE = Set Due Date DEL = Delegate Name and/or Date COMP = Completion Date
IMPACT = Impact of Completion Date(s) on project, in days

External Impact	
Total Impact	

Job Tracker

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Client	
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Dates		
Rate		Time On-Site
		Time Off-Site
Expenses		Travel Time
		Billable Time
Notes		

Specifics

<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

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Job Tracker

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Client	
---------------	--

Dates		
Rate		Time On-Site
		Time Off-Site
Expenses		Travel Time
		Billable Time
Notes		

Specifics

<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
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<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

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Job Tracker

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Client	
--------	--

Dates			
Rate		Time On-Site	
		Time Off-Site	
Expenses		Travel Time	
		Billable Time	
Notes	----- -----		

Specifics

<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Job Tracker

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Client	
--------	--

Dates			
Rate		Time On-Site	
		Time Off-Site	
Expenses		Travel Time	
		Billable Time	
Notes	----- -----		

Specifics

<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Crossroads

Title	Date
-------	------

Destination

Four Paths to Reach the Destination

1	2
---	---

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

3	4
---	---

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Looking Back

Crossroads

Title	Date
-------	------

Destination

Four Paths to Reach the Destination

1	2
---	---

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

3	4
---	---

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Looking Back

Crossroads

Title		Date
Destination		
Four Paths to Reach the Destination		
1	2	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
3	4	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
Looking Back		

Crossroads

Title		Date
Destination		
Four Paths to Reach the Destination		
1	2	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
3	4	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
Looking Back		

Contacts

Name			
Address	Phone		
	Fax		
	Mobile		
Email			

Name			
Address	Phone		
	Fax		
	Mobile		
Email			

Name			
Address	Phone		
	Fax		
	Mobile		
Email			

Name			
Address	Phone		
	Fax		
	Mobile		
Email			

Name			
Address	Phone		
	Fax		
	Mobile		
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Contacts

Name			
Address	Phone		
	Fax		
	Mobile		
Email			

Name			
Address	Phone		
	Fax		
	Mobile		
Email			

Name			
Address	Phone		
	Fax		
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Contacts

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Address	Phone		
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	Mobile		
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Contacts

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Sources

Name		
Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	

Name		
Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	

Name		
Contact		Account
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Sources

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Sources

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Sources

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	Fax	
	Email	
Hours	Web	

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	Fax	
	Email	
Hours	Web	

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Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	

Name		
Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	

Auto Maintenance Log _____



Vehicle Information

Make		Year	
Model		Colour	
VIN		License	
Insurance			

Date Mileage Services & Location Cost

Date	Mileage	Services & Location	Cost

Warranty Details

Auto Maintenance Log _____



Vehicle Information

Make		Year	
Model		Colour	
VIN		License	
Insurance			

Date Mileage Services & Location Cost

Date	Mileage	Services & Location	Cost

Warranty Details

To Buy



<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost

Notes

TOTAL

To Buy



<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost

Notes

TOTAL

To Buy



<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost

Notes

TOTAL

To Buy



<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost

Notes

TOTAL

Job Search ^A

Position		Ref. #
Company	Deadline <input type="checkbox"/>	
Source		
Contact		
Description		
Requisites		
Strengths		
Obstacles		
Date Applied	Materials Sent	

Job Search ^A

Position		Ref. #
Company	Deadline <input type="checkbox"/>	
Source		
Contact		
Description		
Requisites		
Strengths		
Obstacles		
Date Applied	Materials Sent	

Job Search ^A

Position		Ref. #
Company	Deadline <input type="checkbox"/>	
Source		
Contact		

Description		

Requisites		
PR		

Strengths		
PR		

Obstacles		
PR		

Date Applied	Materials Sent	

Job Search ^A

Position		Ref. #
Company	Deadline <input type="checkbox"/>	
Source		
Contact		

Description		

Requisites		
PR		

Strengths		
PR		

Obstacles		
PR		

Date Applied	Materials Sent	

Job Search ^B



Contact Log

Title
Company
Contact per Ad

Date / Time	Person / Contact	Follow-up Date	
	Outcome	Me <input type="checkbox"/>	Them <input type="checkbox"/>
Note Ref.	-----		-----

Date / Time	Person / Contact	Follow-up Date	
	Outcome	Me <input type="checkbox"/>	Them <input type="checkbox"/>
Note Ref.	-----		-----

Date / Time	Person / Contact	Follow-up Date	
	Outcome	Me <input type="checkbox"/>	Them <input type="checkbox"/>
Note Ref.	-----		-----

Date / Time	Person / Contact	Follow-up Date	
	Outcome	Me <input type="checkbox"/>	Them <input type="checkbox"/>
Note Ref.	-----		-----

Date / Time	Person / Contact	Follow-up Date	
	Outcome	Me <input type="checkbox"/>	Them <input type="checkbox"/>
Note Ref.	-----		-----

Job Search ^B



Contact Log

Title
Company
Contact per Ad

Date / Time	Person / Contact	Follow-up Date	
	Outcome	Me <input type="checkbox"/>	Them <input type="checkbox"/>
Note Ref.	-----		-----

Date / Time	Person / Contact	Follow-up Date	
	Outcome	Me <input type="checkbox"/>	Them <input type="checkbox"/>
Note Ref.	-----		-----

Date / Time	Person / Contact	Follow-up Date	
	Outcome	Me <input type="checkbox"/>	Them <input type="checkbox"/>
Note Ref.	-----		-----

Date / Time	Person / Contact	Follow-up Date	
	Outcome	Me <input type="checkbox"/>	Them <input type="checkbox"/>
Note Ref.	-----		-----

Date / Time	Person / Contact	Follow-up Date	
	Outcome	Me <input type="checkbox"/>	Them <input type="checkbox"/>
Note Ref.	-----		-----

Job Search ^B



Contact Log

Title
Company
Contact per Ad

Date / Time	Person / Contact	Follow-up Date
	Outcome	Me <input type="checkbox"/> Them <input type="checkbox"/>
Note Ref.	-----	-----

Date / Time	Person / Contact	Follow-up Date
	Outcome	Me <input type="checkbox"/> Them <input type="checkbox"/>
Note Ref.	-----	-----

Date / Time	Person / Contact	Follow-up Date
	Outcome	Me <input type="checkbox"/> Them <input type="checkbox"/>
Note Ref.	-----	-----

Date / Time	Person / Contact	Follow-up Date
	Outcome	Me <input type="checkbox"/> Them <input type="checkbox"/>
Note Ref.	-----	-----

Date / Time	Person / Contact	Follow-up Date
	Outcome	Me <input type="checkbox"/> Them <input type="checkbox"/>
Note Ref.	-----	-----

Job Search ^B



Contact Log

Title
Company
Contact per Ad

Date / Time	Person / Contact	Follow-up Date
	Outcome	Me <input type="checkbox"/> Them <input type="checkbox"/>
Note Ref.	-----	-----

Date / Time	Person / Contact	Follow-up Date
	Outcome	Me <input type="checkbox"/> Them <input type="checkbox"/>
Note Ref.	-----	-----

Date / Time	Person / Contact	Follow-up Date
	Outcome	Me <input type="checkbox"/> Them <input type="checkbox"/>
Note Ref.	-----	-----

Date / Time	Person / Contact	Follow-up Date
	Outcome	Me <input type="checkbox"/> Them <input type="checkbox"/>
Note Ref.	-----	-----

Date / Time	Person / Contact	Follow-up Date
	Outcome	Me <input type="checkbox"/> Them <input type="checkbox"/>
Note Ref.	-----	-----