



## D\*I\*Y Planner v3.0 Core Package

Welcome to the **D\*I\*Y Planner** system, developed by Douglas Johnston of [DIYPlanner.com](http://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](mailto: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

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# Important Numbers

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# Harmony

Harmony	
	
	
	
	
	
	
	













# Harmony

Harmony	
	
	
	
	
	
	
	

# Harmony

Harmony			
			
			
			
			
			
			
			

# Harmony

Harmony			
			
			
			
			
			
			
			



# Combined Actions

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

Notes

# Combined Actions

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

Notes

























# Agenda

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

Notes / Outcomes
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<hr style="border-top: 1px dashed gray;"/>
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# Agenda

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Person / Meeting
------------------

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

Notes / Outcomes
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<hr style="border-top: 1px dashed gray;"/>
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# Agenda

**Person / Meeting**

Item	Date/Time
<input type="checkbox"/>	
<input type="checkbox"/>	
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**Notes / Outcomes**

# Agenda

**Person / Meeting**

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

**Notes / Outcomes**

# Agendas

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

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













# Goal Planning

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**Goal**

**Mission**

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**Wildly Successful If . . .**

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

**Outcomes**

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# Goal Planning

\_\_\_\_\_

**Goal**

**Mission**

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**Wildly Successful If . . .**

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---

	Step	Target
<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"/>		

**Outcomes**

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# Goal Planning

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Goal

Mission

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wildly Successful If ...

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\_\_\_\_\_  
\_\_\_\_\_

Step	Target
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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"/>	
<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"/>	

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/>	

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/>	



# Priority Matrix

Title	Date
<b>URGENCY</b>	
<b>IMPORTANCE</b> Urgent / Important	Not Urgent / Important
Urgent / Not Important	Not Urgent / Not Important

# Priority Matrix

Title	Date
<b>URGENCY</b>	
<b>IMPORTANCE</b> 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 <sup>A</sup>

**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 <sup>A</sup>

**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 Outline <sup>A</sup>

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Title

Description

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Objective

---

Challenges

Solutions

Task	Target
------	--------

Task	Target
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
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# Project Outline <sup>A</sup>

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Title

Description

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Objective

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Challenges

Solutions

Task	Target
------	--------

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

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# Project Outline A



**Title**

Description

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Objective

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**Challenges**

**Solutions**

	□	
	□	
	□	

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

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# Project Outline A



**Title**

Description

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Objective

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**Challenges**

**Solutions**

	□	
	□	
	□	

Task	Target
<input type="checkbox"/>	
<input type="checkbox"/>	
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**Project Outline** B

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Title

Task Target

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

[Summary box with dashed line]

**Project Outline** B

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[Dark header bar]

Title

Task Target

	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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[Summary box with dashed line]

# Project Outline B

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Title

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

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# Project Outline B

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\_\_\_\_\_

Title

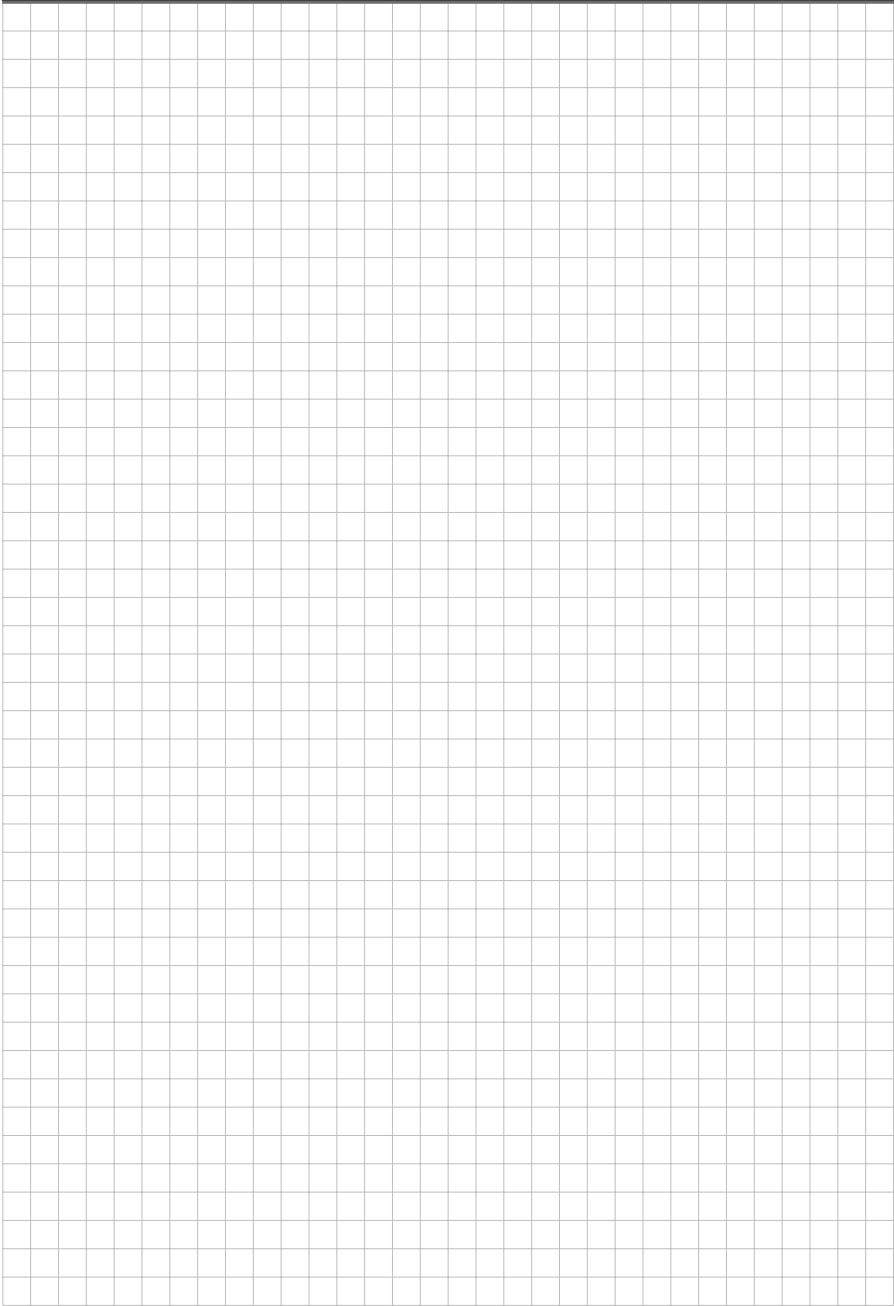
	Task	Target
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
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<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

\_\_\_\_\_

# Project Notes



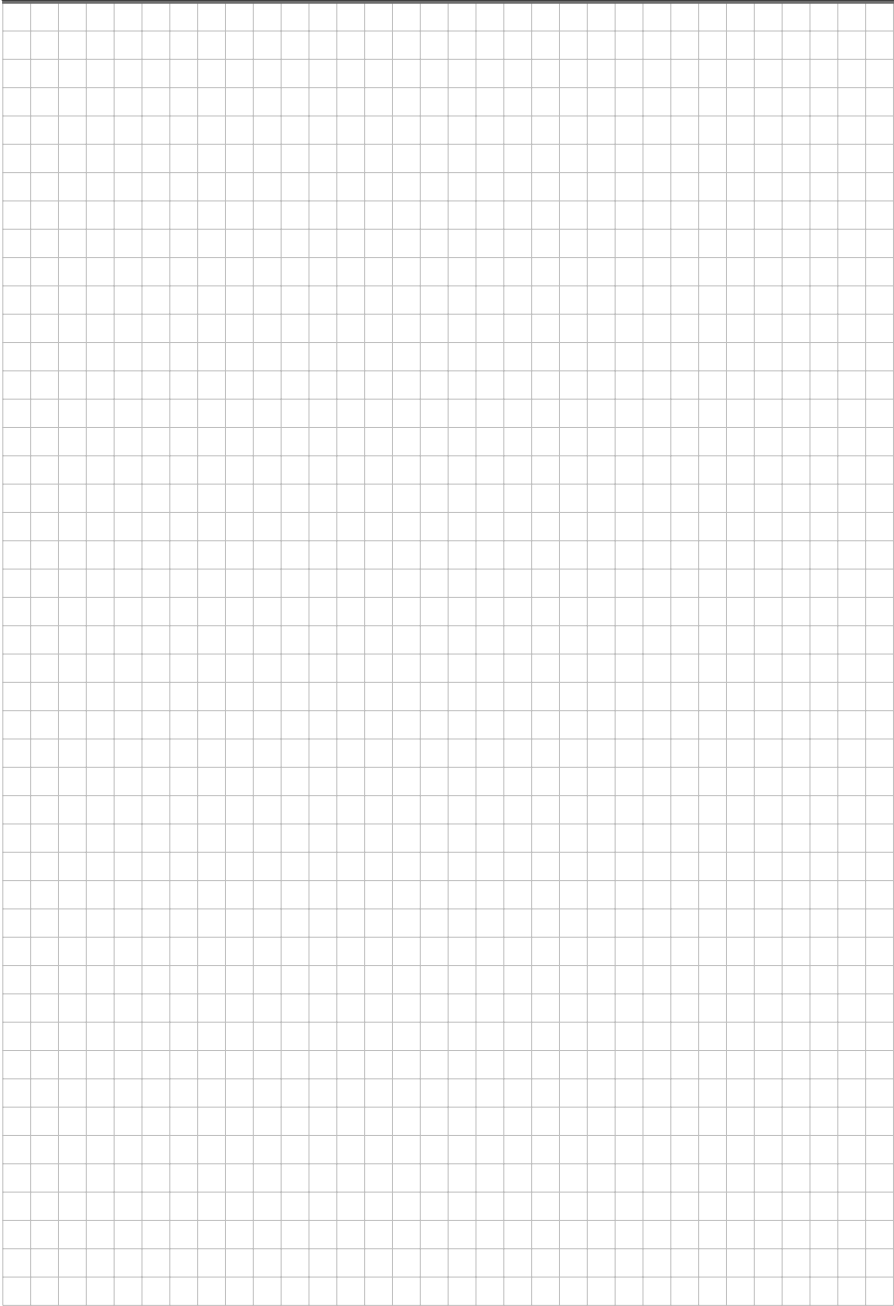
Title



# Project Notes



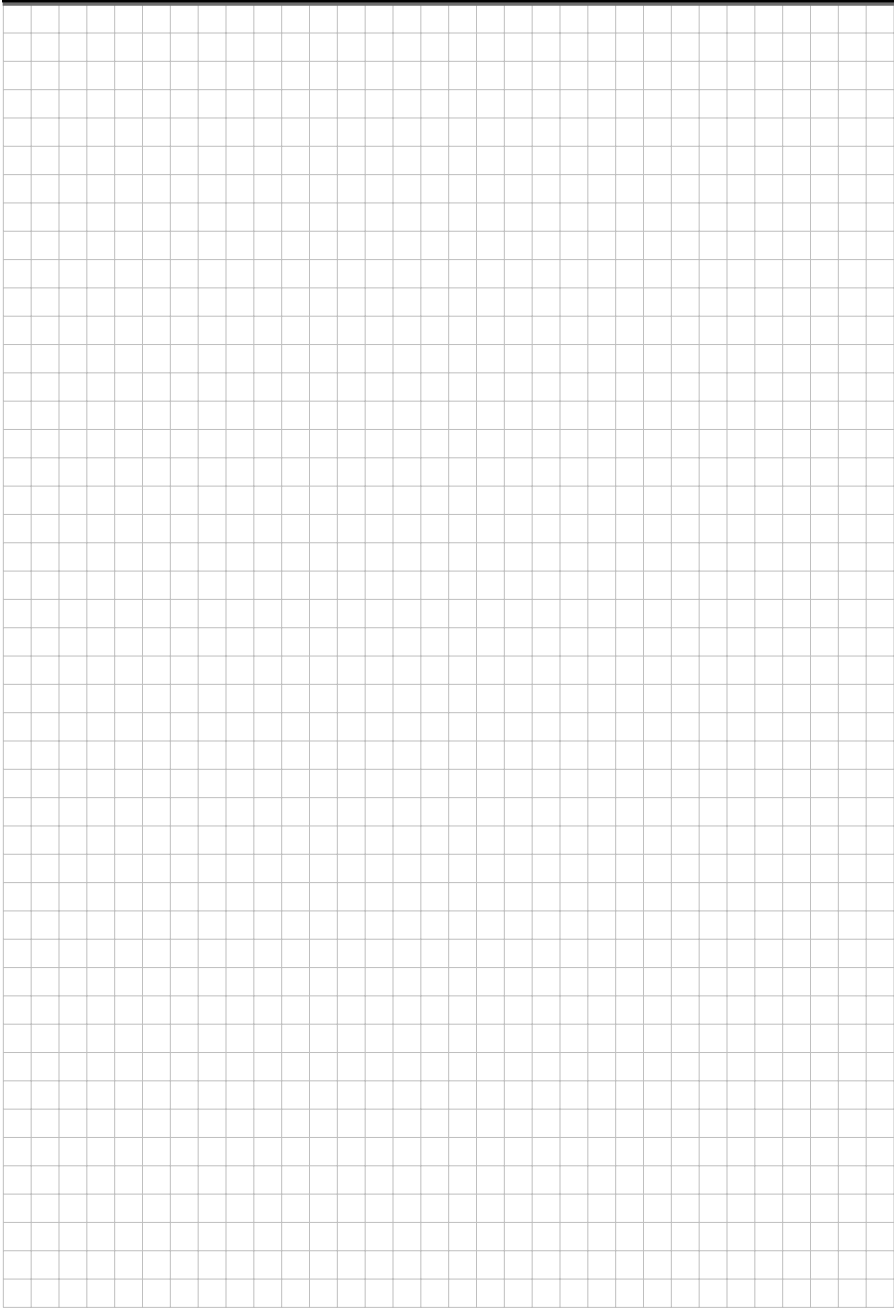
Title



**Project Notes**

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Title



**Project Notes**

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Title



# Project Tracker

Project Tracker					
<b>Project</b>					
<b>Objective</b>		<b>Dates</b>			
		Target Date			
		Completed Date			
<b>Notes &amp; Issues</b>					
				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 Tracker					
<b>Project</b>					
<b>Objective</b>		<b>Dates</b>			
		Target Date			
		Completed Date			
<b>Notes &amp; Issues</b>					
				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

<b>Project</b>	
----------------	--

<b>Objective</b>	<b>Dates</b>
	Target Date
	Completed Date

<b>Notes &amp; Issues</b>

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

<b>External Impact</b>	
<b>Total Impact</b>	

# Project Tracker

<b>Project</b>	
----------------	--

<b>Objective</b>	<b>Dates</b>
	Target Date
	Completed Date

<b>Notes &amp; Issues</b>

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

<b>External Impact</b>	
<b>Total Impact</b>	

# 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"/>				

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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"/>				

--

# 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"/>			

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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"/>			

-----
-------











# 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"/>	
<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		

# 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		
Email			

# 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		
Email			

# 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		
Email			

# 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		
Email			











# Sources

Name		
Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	

Name		
Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	

Name		
Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	

Name		
Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	

# Sources

Name		
Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	

Name		
Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	

Name		
Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	

Name		
Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	

# Sources

Name		
Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	

Name		
Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	

Name		
Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	

Name		
Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	

# Sources

Name		
Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	

Name		
Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	

Name		
Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	

Name		
Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	































# 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 <sup>A</sup>

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

# Job Search <sup>A</sup>

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

# Job Search <sup>A</sup>

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

# Job Search <sup>A</sup>

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

# Job Search <sup>B</sup>



## 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 <sup>B</sup>



## 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 <sup>B</sup>

--

## 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 <sup>B</sup>

--

## 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.	-----	-----