

SCHEDULE PLANNING CARD

ID# _____ NAME _____ PHONE _____

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:00					
8:00					
9:00					
10:00					
11:00		CHAPEL		CHAPEL	CHAPEL
12:00					
1:00					
2:00					
3:00					
4:00					
5:00					
6:00					
Eve.					

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