

Name..... Date..... Instructor.....	Sessions per Week..... Exercise Time..... Next Programme Date.....
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Cardiovascular Exercise

Sessions

No	Machine	Programme	1	2	3	4	5	6	7	8	9	10	11	12
	Bike													
	EFX													
	Cardio Wave													
	Glidex/ Syncro													
	Rotex-XT													
	Rower													
	Stepper													
	Treadmill													
	Top XT													
	Versaclimber													

Notes

