

Fit Chicks! Master Meal Plan: "Remember whole, plant-based foods FIRST!"

Name: _____

| | Food / Meal / Drink | Portion Size | CAL | PRO | CARB | FAT | Notes |
|-------------------|---------------------|--------------|-----|-----|------|-----|-------|
| Breakfast | | | | | | | |
| <i>Time:</i> | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| AM Snack | | | | | | | |
| <i>Time:</i> | | | | | | | |
| | | | | | | | |
| Lunch | | | | | | | |
| <i>Time:</i> | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| PM Snack | | | | | | | |
| <i>Time:</i> | | | | | | | |
| | | | | | | | |
| Dinner | | | | | | | |
| <i>Time:</i> | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Nite Snack | | | | | | | |
| | | | | | | | |

Client below has developed above meal plan and agrees to follow it regularly along with Fit Chicks! & Food Rules

Client Signature: _____

Date: _____