

# BWLW's 21 Day Accountability Exercise Challenge - Tracking Calendar

**April 1 - April 21 ~ 5-6 Days of Exercise Each Week with Active Rest Days - You choose the workout.**  
**We want EVERYONE to participate.** Exercise at your own pace, but challenge yourself and work hard. **#BWLWApr**

You'll find the Full Challenge Details at [www.blackweightlosssuccess.com](http://www.blackweightlosssuccess.com). Need help with your eating habits? Check out our [Clean Eating Guide](#).

Don't forget to **Check-in NIGHTLY** in our Facebook Group or our Instagram page, [@blackwomenlosingweight](#).

<b>1</b> <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day  _____ oz of water	<b>2</b> <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day  _____ oz of water
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<b>3</b> <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day  _____ oz of water	<b>4</b> <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day  _____ oz of water	<b>5</b> <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day  _____ oz of water	<b>6</b> <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day  _____ oz of water	<b>7</b> <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day  _____ oz of water	<b>8</b> <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day  _____ oz of water	<b>9</b> <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day  _____ oz of water
<b>10</b> <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day  _____ oz of water	<b>11</b> <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day  _____ oz of water	<b>12</b> <input type="checkbox"/> Workout Day <input type="checkbox"/> Rest Day  _____ oz of water	<b>13</b> <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day  _____ oz of water	<b>14</b> <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day  _____ oz of water	<b>15</b> <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day  _____ oz of water	<b>16</b> <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day  _____ oz of water
<b>17</b> <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day  _____ oz of water	<b>18</b> <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day  _____ oz of water	<b>19</b> <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day  _____ oz of water	<b>20</b> <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day  _____ oz of water	<b>21</b> <input type="checkbox"/> Workout Day <input type="checkbox"/> Active Rest Day  _____ oz of water		