

Monthly Class Tracker

Month: _____

CLASSES

Date	Time	Location	Host	Prep Host	Review Class Planner	Prep Family	Plan Travel	Sample Guests	Volume Goal	Thank Host	Submit Event Details
		1.									
		2.									
		3.									
		4.									
		5.									
		6.									
		7.									
		8.									

REGISTRATION INFORMATION

Enrollee Name and ID Number	Host Name and ID Number	Enroller Name and ID Number	Registration PV	Registration Date	Wellness Consult	LRP Set-Up
1.						
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