

	Weekly Checkins			
<u>NAME</u>	<u>Week 3</u>	<u>Week 4</u>	<u>Monthly Progress</u>	
Alan MI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Lost 10 lbs	
Andrew WY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lost 6 lbs	
Arthur MI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Car crash from drinking	
Austin TX	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Lost 3 lbs fat, gained muscle	
Bryan OK	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Lost 5 lbs	
Floyd FL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Lost 12 lbs	
Gabriel AZ	<input type="checkbox"/>	<input type="checkbox"/>	Has no scale, told him to get one, some cardio	
Harrison TX	<input type="checkbox"/>	<input type="checkbox"/>	No response	
Hugh AL	<input type="checkbox"/>	<input type="checkbox"/>	lost 12 lbs	
Jackson GA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No response	
James AL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None	
Jason NY	<input type="checkbox"/>	<input type="checkbox"/>	lost 4 lbs	
Kenneth VA	<input type="checkbox"/>	<input type="checkbox"/>	None	
Logan TN	<input type="checkbox"/>	<input type="checkbox"/>	No response	
Marshall MA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lost 10 lbs, added 10 lbs to bench	
Matt TX	<input type="checkbox"/>	<input type="checkbox"/>	No response	
Nathan MI	<input type="checkbox"/>	<input type="checkbox"/>		
Norman WI	<input type="checkbox"/>	<input type="checkbox"/>	Lost 30 lbs	
Phillip MA	<input type="checkbox"/>	<input type="checkbox"/>	Lost 5 lbs	
Ryan FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gained 5 lbs (110 to 115)	
Samuel NJ	<input type="checkbox"/>	<input type="checkbox"/>		
Sean AL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lost 9 lbs	
Victor IN	<input type="checkbox"/>	<input type="checkbox"/>		
Vincent WA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Can pass all fitness requirements, no scale at home	
Walter ID/OR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None	
William TX	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lost 5 lbs	
Wilson TX	<input type="checkbox"/>	<input type="checkbox"/>	None	