## DAILY, WEEKLY, MONTHLY - ACCOUNTABILITY ACTIVITY REPORT

UnFranchise Owner Name:	

ID#:\_\_

Date Range: \_\_\_\_

	Listen to 1 Market America Audio / Day						
Daily	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
	Read 20-30 Minutes / Day						
Daily	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
	Read Goal Statement 2 Times / Day						
Daily	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Add Two Possibilities, Call / Contact 1 to Evaluate Business OR Pro			ess OR Produ	icts			
Daily	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday

	Trial Size Marketing 2 Times / Week OR sell 1 NEW Product / Week to a Customer					
Weekly	Name:	Date:	Product(s):			
	Name:	Date:	Product(s):			
	Place a Minimum of 1 Order on SHOP.COM / Week					
Weekly	Name of Partner Store:		Date:			
	Show the Plan to 1-2 Personal Possibilities / Week					
Weekly	Name:		Evaluation Appt(s) Scheduled : Yes 🗖 No 🗖			
	Name:		Evaluation Appt(s) Scheduled : Yes 🗖 No 🗖			
	Trial Run / Follow Up 2 Times / Week					
Weekly	Name:		Evaluation Appt(s) Scheduled : Yes 🗖 No 🗖			
	Name:		Evaluation Appt(s) Scheduled : Yes 🗖 No 🗖			
	Attend / Conduct 1 HBP / UBP / CORING / Week					
Weekly	Date: Location	):	Meeting Type:			
	Date: Location	):	Meeting Type:			

	Attend 1 GMTSS EVENT / Month				
Monthly	Date:	Event Type:	Speaker:		

