

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Smoothie: _____			Smoothie: _____				
Ingredients		Measurement	Calories	Ingredients		Measurement	Calories
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
		Total Calories:				Total Calories:	
Nutrition		Vitamins/Minerals/Benefits		Nutrition		Vitamins/Minerals/Benefits	
Carbs				Carbs			
Protein				Protein			
Fat				Fat			
Sugar		Fiber:		Sugar		Fiber:	
Directions:				Directions:			
Taste: 5 4 3 2 1				Taste: 5 4 3 2 1			
Notes:				Notes:			