

Student Practice Record Week of _____

Practice sheets must be turned in the first rehearsal of each week!

Requirements:

4th 3x/week, minimum 20 minutes each time

5th 3x/week, minimum 20 minutes each time

MS/US 3x/week minimum, 30 minutes each time

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							
Total in Minutes							

Student Name: _____

I certify that the listed practice times took place:

Parent/Guardian Signature: _____

Date: _____