

Name: _____

Period _____

August Practice Record



Remember:

- Parent signature is required every week
- 90 minutes of practicing PER week
- **Due: AUGUST 30th**

SUN	MON	TUES	WED	THUR	FRI	SAT	TOTAL TIME	PARENT/GUARDIAN SIGNATURE
1	2	3	4	5	6	7		
8	9	10	11	12	13	14		
15	16	17	18	19	20	21		
22	23	24	25	26	27	28		