

Name: _____ Period _____

Sample Practice Record



Remember:

- Parent signature is required for EACH week.
- 90 minutes of practicing PER week
- Due: Juloctemary 43rd

SUN	MON	TUES	WED	THUR	FRI	SAT	TOTAL TIME	PARENT/GUARDIAN SIGNATURE
¹ 15	² 10	³ 15	⁴ 15	⁵ 15	⁶ 10	⁷ 10	90	<i>Parent or Guardian Signature</i>
⁸ 20	⁹	¹⁰ 10	¹¹ 30	¹² 30	¹³ 15	¹⁴	105	<i>Parent or Guardian Signature</i>
¹⁵ 60	¹⁶	¹⁷	¹⁸ 60	¹⁹ 10	²⁰ 13	²¹	143	<i>Parent or Guardian Signature</i>
²²	²³ 15	²⁴ 15	²⁵ 15	²⁶ 15	²⁷ 20	²⁸ 15	95	<i>Parent or Guardian Signature</i>