STUDENT NAME:								
PRACTICE RECORD DUE ON MONDAY							Ma	rch 16, 2020
DAY	DATE	MIN	WHAT	SONGS	DID	YOU	PRAC	TICE?
MON	Mar. 9							
TUES	Mar. 10							
WED	Mar. 11							
THURS	Mar. 12							
FRI	Mar. 13							
SAT	Mar. 14							
SUN	March 15							
TOTAL	MIN							
Parent Signature (REQUIRED):								
		-		, you verify that the	practice time	s listed abov	e are accurat	e.
75 MIN/WEEK	20 PTS							
60 MIN/WEEK	19 PTS							
50 MIN/WEEK	18 PTS							
40 MIN/WEEK								
30 MIN/WEEK	14-15 PTS							
NOTES	TO TE	ACHE	R:					