Beginner Band Practice Record

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Chair | Day | Assignment | | Time |
|  | Monday |  | |  |
|  | Tuesday |  | |  |
|  | Wednesday |  | |  |
|  | Thursday |  | |  |
|  | Friday |  | |  |
| **Grading Scale** The number of minutes you practice will be your grade. Ex: 100 minutes=100, 99 mins= 99, etc. | Saturday |  | Sunday |  |

**Total Minutes:\_\_\_\_\_\_\_\_\_\_**

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|  | Tuesday |  | |  |
|  | Wednesday |  | |  |
|  | Thursday |  | |  |
|  | Friday |  | |  |
|  | Saturday |  | Sunday |  |

**Total Minutes:\_\_\_\_\_\_\_\_\_\_**

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