

Name (print clearly) \_\_\_\_\_

## PRACTICE RECORD

(You may substitute this form with a Xerox of one your private teacher requires)

<u>Date</u> Day	<u>/</u> Sunday	<u>/</u> Monday	<u>/</u> Tuesday	<u>/</u> Wednesday	<u>/</u> Thursday	<u>/</u> Friday	<u>/</u> Saturday
Time Practiced							

Student signature \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_

Practice records must include both signatures. Parents: your signature means you verify the amount of time practiced. Grading will be based on number of days practiced and cumulative time practiced. For full credit, practice **at least five days out of the week for a cumulative time of at least two hours**. **Extra credit** will be awarded for **six or more days and three or more hours practiced**. For each day missed or half-hour less, credit will be deducted. Time in band rehearsal does **not** count!

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