

## HCS Intermediate Band Practice Record

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Initials

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Please put the number of minutes practiced in the box under the day you practiced.

Please have a parent initial each day's practice time for verification.

***A = 30 minutes, 4 days per week      B = 30 minutes, 3 days per week***

***C = 30 minutes, 2 days per week      D = 30 minutes, 1 day per week***

***F = No Practice or missing practice record***

Practice records are due on the Monday of the following week and drop one letter grade for each day they are late. 30 minute practice times may not be combined (i.e. you can't practice for 2 hours on one day because you didn't practice all week) unless they are prearranged by Mrs. Sullivan.

**PARENT NOTE:**

Please use this space to explain any special circumstances Mrs. Sullivan should know about.

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