

# Practice Chart



My Practice Goal  
\_\_\_min./week

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

Class: \_\_\_\_\_

Band Class # \_\_\_\_\_

**Sunday    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday**

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____



Parent/Guardian Signature: \_\_\_\_\_

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