

BAND PRACTICE LOG

(Due Every Friday)

NAME: _____
Please print first and last name

BAND PERIOD: _____
(Ex. 6-1, 6-2; 7-1, 7-2; 8-1, 8-2)

Director: **T** or **S**
Trimmer or Scott

- 1. Fill in dates for the week
- 2. Record minutes practiced everyday
- 3. Total for the week, and get parent signature
- 4. Turn in to your class basket every Friday

	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Due Friday
Dates								TOTAL minutes
Minutes								

Parent Signature: _____

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