Practice Chart

Name_____ Period_____ Quarter_____

Directions: In the upper left corner of each box, place the date (month/day). Indicate how many minutes practiced in the correct, corresponding date. Have a Parent/Guardian or Director initial in the box as well indicating that they are witness to you practicing. At the far right box, total your practice chart time. The boxes in the "Total" column do not require an initial. Turn in IMMEDIATELY following a weekend. If absent, personally show to a director. A MAXIMUM of 100 will be recorded for your quarter grade. NOT FOLLOWING THESE DIRECTIONS OR NOT BEING CLEAR WILL RESULT IN NO CREDIT.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL