

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

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

## **Practice Record**

120 total minutes a week is required.

	Minutes Practiced	What did you practice (be specific)
Mon.		
Tue.		
Wed.		
Thu.		
Fri.		
Sat.		
Sun		
<b>Total</b>		

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_