

# MS Band Practice Record

Name \_\_\_\_\_

Mon	Tues	Wed	Thur	Fri	Sat	Sun

180 min.....100  
150 min.....90  
120 min.....80  
90 min.....70

Total Time \_\_\_\_\_

Parent Signature \_\_\_\_\_

**\*It is more beneficial for student improvement to practice multiple times per week.**