

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

## Band Practice Slips

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>1</b>	Date: Minutes:	Date: Minutes:	Date: Minutes:	Date: Minutes:	Date: Minutes:	Date: Minutes:	Date: Minutes:
<b>2</b>	Date: Minutes:	Date: Minutes:	Date: Minutes:	Date: Minutes:	Date: Minutes:	Date: Minutes:	Date: Minutes:
<b>3</b>	Date: Minutes:	Date: Minutes:	Date: Minutes:	Date: Minutes:	Date: Minutes:	Date: Minutes:	Date: Minutes:

Start date: \_\_\_\_\_

Turn in date: \_\_\_\_\_

The number one, most important thing you need to do to improve your ability on your instrument, is practice.  
You will make your own goal depending on how well you want to play your instrument.

Practice Requirement: \_\_\_\_\_

I plan to practice \_\_\_\_\_ minutes over the next three weeks.

Parent Signature

Student Signature