Name: $\qquad$
Period: $\qquad$

## WEEKLY PRACTICE REPORT

This report is for the week beginning Monday: / /20_
Marking Period: 1st 2nd 3rd 4th (nine weeks period) Circle One

| Day | Hours | Minutes |
| :--- | :--- | :--- |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

## Parent Signature

$\qquad$

Daily Practice guidelines

| Beginners: | 15 to 20 minutes per day |
| :--- | :--- |
| Cadet: | 20 to 30 minutes per day |
| Advanced: | 30 to 40 minutes per day |

** Cards without a legible Name or Date will not be counted. Student Name MUST be printed. If I can not read it I can not count it!

