Band Practice Sheet

Please fill in all information, sign, and turn in every Friday. (Penalty for late sheets.)

* Receipt of completed and signed practice sheets count towards your six-weeks grade*

Week of: FRIDAY_____ to THURSDAY_____

(date) (date)

	Time in Minutes
Friday	
Saturday	
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
TOTAL TIME =	

Minutes Per Week	**Grade Points**
210 minutes	**100**
180-210 minutes	**85-100**
150-180 minutes	**70-85**
120-150 minutes	**55-70**
90-120 minutes	**40-55**
60-90 minutes	**25-40**

STUDENT'S NAME:_____ PARENT'S SIGNATURE:_____

(required)