

# Practice Slip

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Assignment for the week: \_\_\_\_\_

Date: \_\_\_\_\_ What: \_\_\_\_\_ Time: \_\_\_\_\_

Total Time for Week: \_\_\_\_\_

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

(Practice slips are due **EVERY THURSDAY** and must be turned in no later than 3:30pm)

Beginning band: 100min = 100%

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