Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Due: Oct. 1st

***Agnes E. Beer***

***Middle School Band***

***Practice Sheet***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday |
|  |  |  |  |  |  |  |
| Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday |
|  |  |  |  |  |  |  |

Write in the number of minutes on the days that you practice.

You MUST practice AT LEAST ***two hours*** per week.

Practice only works if you are honest yet positive with yourself.

Practice Check List

Every time you practice follow these steps!

