

Name _____ Practice Log _____ Date _____
Class Period _____

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Please add up your total time: _____ Hours _____ Minutes

Parent's Signature _____

Name _____ Practice Log _____ Date _____
Class Period _____

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Tuesday	
Wednesday	
Thursday	
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Saturday	
Sunday	

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