

# MS Band Practice Record

Name \_\_\_\_\_

| Mon | Tues | Wed | Thur | Fri | Sat | Sun |
|-----|------|-----|------|-----|-----|-----|
|     |      |     |      |     |     |     |

180 min.....100  
150 min.....90  
120 min.....80  
90 min.....70

Total Time \_\_\_\_\_

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

**\*It is more beneficial for student improvement to practice multiple times per week.**