

# CSMS Cub Band Practice Record

Name \_\_\_\_\_

Band \_\_\_\_\_

Mon	Tue	Wed	Thur	Fri	Sat	Sun	Total

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

Grade \_\_\_\_\_

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

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

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