Boyd W. Arthurs Instrumental Music Department
PRACTICE CARD

NAME: _____
Due Date: _____
[Practice Cards are due the first day of each week.]

Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____
Saturday: _____
Sunday: _____

TOTAL: _____
[60 minutes minimum per week]
[90+ minutes = extra credit]

Parent Signature: _____

Reflection:

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