

Name: \_\_\_\_\_

Period: \_\_\_\_\_

## WEEKLY PRACTICE REPORT

This report is for the week beginning Monday:     /     /20\_\_

**Marking Period:** 1st    2nd    3rd    4th (nine weeks period)  
Circle One

Day	Hours	Minutes
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

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

Daily Practice guidelines

Beginners:            15 to 20 minutes per day  
Cadet:                 20 to 30 minutes per day  
Advanced:            30 to 40 minutes per day

**\*\* Cards without a legible Name or Date will not be counted. Student Name MUST be printed. If I can not read it I can not count it!**