

\_\_\_\_\_ Name

## **SCMS 7<sup>th</sup> & 8<sup>th</sup> Grade Practice Sheet**

<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Total</i>

*The top section of this sheet is to record practice time, and the bottom section is to record what students have practiced throughout the week. Practice sheets must have a parent/guardian signature to receive credit. Practice sheets are due each Friday and may be turned in on the following Monday for a 10% deduction. Students who are absent on Friday should turn their practice sheet in on their next day in class.*

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian Signature

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