KHS Band Practice Journal

Name:_____ Parent Signature:_____

Week of:_____ Due:_____

Day:	Date:	Minutes:	Practiced:
Fri.	_____	_____	_____
Sat.	_____	_____	_____
Sun.	_____	_____	_____
Mon.	_____	_____	_____
Tues.	_____	_____	_____
Wed.	_____	_____	_____
Thurs.	_____	_____	_____

Comments

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