

# Mount Benson Band Practice Sheet

Month: May

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

Instrument: \_\_\_\_\_

1. Record the number of minutes you practice each day.
2. Before you hand this practice sheet in for marking, ask a parent or guardian to sign it in the space provided.
3. Give this form to Mrs. Murchie at the first band class of each month.

<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
Apr 27	Apr 28	Apr 29	Apr 30	May 1	May 2	May 3
May 4	May 5	May 6	May 7	May 8	May 9	May 10
May 11	May 12	May 13	May 14	May 15	May 16	May 17
May 18	May 19	May 20	May 21	May 22	May 23	May 24
May 25	May 26	May 27	May 28	May 29	May 30	May 31

Practice 20min/day, 5 days a week.

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

Please list other musical activities which may affect your time available for practice:

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