

Name \_\_\_\_\_ Date \_\_\_\_\_

**LMS Choir Practice Sheet**

Practice for 20 minutes each day. (Minimum practice time – 100 minutes/week.)

**REQUIRED** - Write down **three goals** for your practice time this week:

(Examples: "Focus on low breath" or "Make sure my shoulders are back, diaphragm low")

- 1.
- 2.
- 3.

<u>Mon.</u>	<u>Tues.</u>	<u>Wed.</u>	<u>Thurs.</u>	<u>Fri.</u>	<u>Sat.</u>	<u>Sun.</u>	<u>TOTAL</u>							
_____	_____	_____	_____	_____	_____	_____	_____							
_____	+	_____	+	_____	+	_____	+	_____	+	_____	+	_____	=	_____

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

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_____	_____	_____	_____	_____	_____	_____	_____					
_____	+	_____	+	_____	+	_____	+	_____	+	_____	=	_____

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

