Lincoln Middle School Bands Practice Slip							
Name	me Date						
Practice Slowly    2. Practice Correctly    3. Have Fun							
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Total Minutes Practiced: Parent Signature:							
×							
Lincoln Middle School Bands Practice Slip							
Name				Da	te		
Practice Slowly 2. Practice Correctly 3. Have Fun							
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Total Minutes Practiced: Parent Signature:							
×							
×							
	iddle Schoo	ol Bands Pr	actice Slip				
Lincoln M		ol Bands Pr	•	Da	te		
Lincoln M			•				
Lincoln M			·			Sunday	
Lincoln M Name	1. Pr	actice Slowly	2. Practice Cor	rectly 3. Have	Fun		

Total Minutes Practiced: \_\_\_\_\_ Parent Signature: \_\_\_\_\_