

Orchestra Practice Slip

Name: _____ Date: _____

1. Practice Slowly 2. Practice Correctly 3. Have fun!

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Total minutes practiced: _____ Parent Signature: _____



Orchestra Practice Slip

Name: _____ Date: _____

2. Practice Slowly 2. Practice Correctly 3. Have fun!

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Total minutes practiced: _____ Parent Signature: _____



Orchestra Practice Slip

Name: _____ Date: _____

3. Practice Slowly 2. Practice Correctly 3. Have fun!

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Total minutes practiced: _____ Parent Signature: _____