

NEW HORIZON SCHOOL FOR THE PERFORMING ARTS
Practice Record

_____ Name _____ Class _____ Grade

	Date	<u>Minutes</u> Practiced
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
	Total Minutes Practiced:	

Please list everything in minutes. An hour and a half would be listed at 90 minutes.

_____ Students Signature _____ Date

_____ Parents/Guardians Signature _____ Date

Practice Records turned in late will have a point deducted for each late day.