

**Lincoln Middle School Bands Practice Slip**



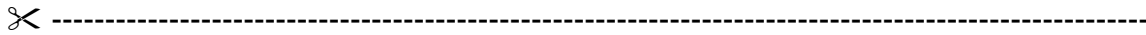
Name \_\_\_\_\_

Date \_\_\_\_\_

1. Practice Slowly    2. Practice Correctly    3. Have Fun

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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



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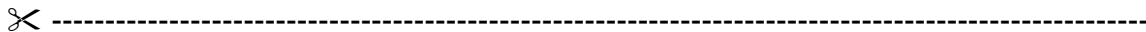
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