

STUDENT \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

# LCMA BAND - March 2009

Total  
Hours \_\_\_\_\_

MONDAY      TUESDAY      WEDNESDAY      THURSDAY      FRIDAY      SATURDAY      SUNDAY

							<b>1</b>	Hours _____	Weekly Total _____ Parent Initials _____
<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	Hours _____	Weekly Total _____ Parent Initials _____	
<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	Hours _____	Weekly Total _____ Parent Initials _____	
<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	Hours _____	Weekly Total _____ Parent Initials _____	
<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	Hours _____	Weekly Total _____ Parent Initials _____	
<b>30</b>	<b>31</b>	PRACTICE CHART DUE APRIL 6th							Weekly Total _____ Parent Initials _____

PRIVATE INSTRUCTOR SIGNATURE \_\_\_\_\_