

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Assignment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Orchestra Practice Assignment:

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	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
<b>Orchestra Practice</b> (minutes)								
<b>Private Lesson Practice</b> (minutes)								
<b>Six Days of Practice</b>								<input type="checkbox"/>
<b>Concert Attendance</b>								
<b>Formal Performance</b>								

Parent Signature: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Assignment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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