

# KMS MUSIC DEPARTMENT PRACTICE SHEET

MONTH: \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_ PERIOD: \_\_\_\_\_

MON	TUE	WED	THURS	FRI	SAT	SUN
<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> Start time: _____ End time: _____ Parent's Signature: _____	<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____	<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____	<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____	<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____	<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____	<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____
<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____	<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____	<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____	<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____	<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____	<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____	<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____
<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____	<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____	<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____	<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____	<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____	<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____	<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____
<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____	<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____	<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____	<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____	<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____	<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____	<input style="width: 30px; height: 30px; margin-bottom: 5px;" type="checkbox"/> _____ _____ _____

Total  
Time  
(hours/min)

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\_\_\_\_\_

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