

HOULTON HIGH SCHOOL BAND PRACTICE SLIPS

All Practice slips must be returned by the end of the grading quarter.

Name _____ TOTAL TIME: _____

Date	Amount of Time	Date	Amount of Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent Signature _____ (Phone #) _____

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