

CIRCLE: 5th Grade **OR** 6th Grade **OR** 7/8th Grade



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Student Name_____ Student Name_____ **Practice Requirements: Practice Requirements:** 5th Grade 5th Grade 100 minutes 100 minutes 6th Grade 6th Grade 80 minutes 80 minutes 7th/8th Grade 7th/8th Grade 60 minutes 60 minutes **Practice time log** (use lines below to keep track of your time) **Practice time log** (use lines below to keep track of your time) **Total Time: Total Time:** Parent/Guardian Signature (required for credit) Parent/Guardian Signature (required for credit)