

Practice Times

Student's Name: _____

Sunday _____ mins. _____ hours

Monday _____ mins. _____ hours

Tuesday _____ mins. _____ hours

Wednesday _____ mins. _____ hours

Thursday _____ mins. _____ hours

Friday _____ mins. _____ hours

Saturday _____ mins. _____ hours

Parental Signature _____

Date: _____



Hlubek Piano Studio