



BI-WEEKLY PRACTICE CHECK SHEET

NAME: _____

DATE: _____

PRACTICE GOALS

CHECK THE BOX EVERYDAY YOU PRACTICE!

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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