

# Band Extra Credit Opportunity

Scholar Name: \_\_\_\_\_ Class: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Scholars, please practice the required time and complete the form below. This practice time will replace up to 3 practice log grades. Parents must sign above. This must be returned to Mr. Robison no later than October 24<sup>th</sup>/25<sup>th</sup>.

<i>EC#1</i>	<b>Time</b>	<b>Practiced Material</b>
1.		
2.		
3.		
4.		
5.		
<b>Total Time:</b>		← Must equal to 75 minutes

<i>EC#2</i>	<b>Time</b>	<b>Practiced Material</b>
1.		
2.		
3.		
4.		
5.		
<b>Total Time:</b>		← Must equal to 75 minutes

<i>EC#3</i>	<b>Time</b>	<b>Practiced Material</b>
1.		
p2.		
3.		
4.		
5.		
<b>Total Time:</b>		← Must equal to 75 minutes