

REQUIRED PRACTICE TIME SHEET

NAME _____

Turn in 2 completed sheets on "A" day of each stripe testing week.

TECHNIQUE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	PARENT INITIALS
KICKBOXING/SHADOWBOXING							
FORMS							
SELF DEFENSE							
REVIEW PAST MATERIAL							

THE INSTRUCTORS RECOMMEND EACH STUDENT PRACTICE AT LEAST 20 MINUTES A DAY AT HOME. THIS WILL ENSURE QUALITY PERFORMANCES AT TESTING TIME. PARENTS PLEASE WATCH THE KIDS AND SIGN OFF WHEN THEY HAVE COMPLETED THEIR PRACTICE. **REQUIRED FOR TESTING**

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