Turn in 2 com	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	PARENT
							INITIALS
KICKBOXING/SHADOWBOXING							
FORMS							
SELF DEFENSE							
REVIEW PAST MATERIAL							
INSTRUCTORS RECOMMEND EAC							
ESTING TIME. PARENTS PLEASE	WATCH THE KID	S AND SIGN OF	F WHEN THEY H	AVE COMPLET	ED THEIR PR	ACTICE. <u>Requ</u> i	RED FOR TES
REQUIRED PRACT	TCE TIME	SHEET	NAM	E			
Turn in 2 com	pleted sl	heets on	"A" day o	of each s	tripe te	esting we	ek.
TECHNIQUE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	PARENT
							INITIALS
KICKBOXING/SHADOWBOXING							
FORMS							
SELF DEFENSE							
REVIEW PAST MATERIAL							
INSTRUCTORS RECOMMEND EAC	 CH STUDENT PR	ACTICE AT LEAS	T 20 MINUTES A	A DAY AT HOMI	E. THIS WILL	. ENSURE QUALI	TY PERFORM
TESTING TIME. PARENTS PLEASE	WATCH THE KID	S AND SIGN OF	F WHEN THEY H	IAVE COMPLET	ED THEIR PR	ACTICE. <u>REQUI</u>	RED FOR TES
LSTING HIVIE. PAREINTS PLEASE							
REQUIRED PRACT	ICE TIME	SHEET	NAM	IE			
REQUIRED PRACT					tring to	esting we	
					tripe to	esting we	ek.
REQUIRED PRACT Turn in 2 com	pleted s	heets on	"A" day d	of each s		_	
REQUIRED PRACT Turn in 2 com	pleted s	heets on	"A" day d	of each s		_	PARENT
REQUIRED PRACT Turn in 2 com TECHNIQUE	pleted s	heets on	"A" day d	of each s		_	PARENT
REQUIRED PRACT Turn in 2 com TECHNIQUE KICKBOXING/SHADOWBOXING	pleted s	heets on	"A" day d	of each s		_	PARENT

AT TESTING TIME. PARENTS PLEASE WATCH THE KIDS AND SIGN OFF WHEN THEY HAVE COMPLETED THEIR PRACTICE. REQUIRED FOR TESTING

REQUIRED PRACTICE TIME SHEET NAME_____