

Junior Puppet
Practice Sheet

Name _____

Address _____

Phone # _____ Date: _____

| | |
|----------------------|--|
| Monday | |
| Tuesday | |
| Wednesday | |
| Thursday | |
| Friday | |
| Saturday | |
| Sunday | |
| TOTAL MINUTES | |

This is an accurate record of puppet practice for the week ending with the date indicated.

Practice sheets must be turned in weekly.

Parent Signature

Junior Puppet
Practice Sheet

Name _____

Address _____

Phone # _____ Date: _____

| | |
|----------------------|--|
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| Friday | |
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