

COVENTRY TAEKWONDO PRACTICE CARDS

STUDENT NAME _____ DATE _____

PRATICE CARD FOR _____ COLOR OF BELT

MONTH _____ 3 TIMES PER WEEK REQUIRED

(Please write the month, day, and # of minutes in each block)

SUN	MON	TUES	WED	THURS	FRI	SAT	SUN

PARENTS SIGNATURE _____ DATE _____

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