Appendix 8.3

SAMPLE PRACTICE CONTRACT

Included here are a few options for downloadable practice contracts which may be adapted to the local Salvation Army music program. Items in brackets should be filled out with individual corps information. For **Home Practice Suggestions**, see Appendix 8.4 --For parents and caregivers - How you can help your children's progress on their instrument; and For students - How to establish warm-up and practice routines. Appendix 3.1 has more on **Entrance and Practice Policies.**

PRACTICE CONTRACT FOR PARTICIPATION IN THE SALVATION ARMY MUSIC PROGRAM

[Corps name Street address, City, State, ZIP Code, Contact information]

I understand that in order to receive music instruction at the Salvation Army music program each week I must have excellent attendance and commit to practice my instrument on a consistent basis:

Stud	ent	's Signature	Parent or Caregiver Signature/Date
		not maintain required attendance with consistent, e, I will not be permitted to continue in the music	
(0	Advanced: Levels FOUR and FIVE	30 minutes a day, 5 days each week
(0	Intermediate: Levels TWO and THREE	20 minutes a day, 5 days each week
(0	Beginner: Levels PRIMER and ONE	10 minutes a day, 5 days each week

COMMITMENT FORM THE SALVATION ARMY MUSIC PROGRAM

[Corps name Street address, City, State, ZIP Code Contact information]

I have read the standards and expectation	ons for the Salvation Army music and arts program and I will:
Attend all classes/rehearsals an	d participate in any performances
Arrive on time	
Speak and respond to my leade	ers and peers with respect
Inform my leaders when I cann	not attend rehearsal
Dress modestly and observe the	e guidelines for recital and Sunday uniform
	basis (a minimum of ten minutes a day, for five days a week). initial their child's practice chart and send it to rehearsal with the
Be responsible with my instrun	nent and music
If I do not maintain good behavior, sho attendance, I will not be permitted to co	w evidence of regular practice and/or be lacking in the required ontinue in the music program.
Student Signature	Parent or Guardian Signature/Date
Street Address	Parent Contact Phone Number
City, State, Zip	Parent Email Address
	I give permission for my child's photo to be used for Salvation Army purposes:
	Parent or Guardian Signature/Date

PRACTICE REPORT THE SALVATION ARMY MUSIC PROGRAM

[Corps name Street address, City, State, ZIP Code Contact information]

I understand that in order to receive music instruction at the Salvation Army music program each week I must have excellent attendance and commit to practice my instrument on a consistent basis:

0	Beginner: Levels PRIMER and ONE	10 minutes a day, 5 days each week
0	Intermediate: Levels TWO and THREE	20 minutes a day, 5 days each week
0	Advanced: Levels FOUR and FIVE	30 minutes a day, 5 days each week

Student Name:	Ι	nstrument:

WEEK	DATE	M	Т	W	TH	F	S	SU	TOTAL MINUTES	PARENT'S SIGNATURE
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										