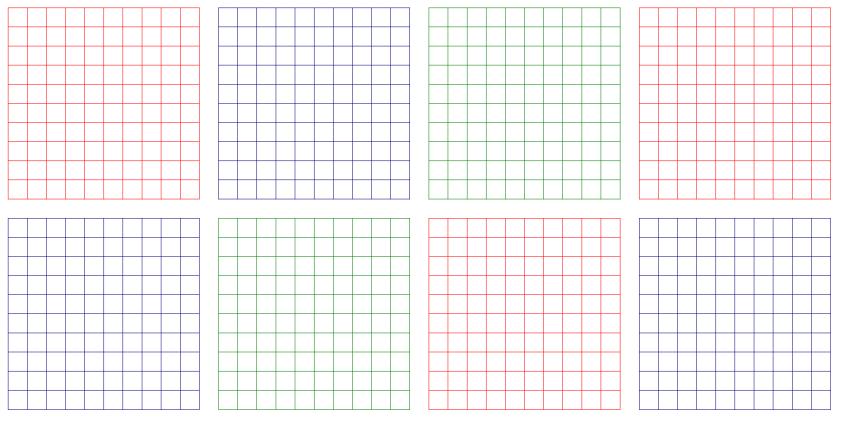
Name: Month:_		Name:_ Month:_		
	Color One Square for Every: Minutes Practiced		Color One S Every: Minutes P	
Name:		Name:_		
Month:_	Color One Square for Every: Minutes Practiced		Color One S Every: Minutes P	Square for

Name:					 Month:				-
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Color in	one sq	uare fo	or ever	У		min	utes pr	ractice	d

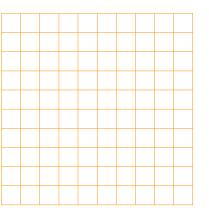
Blackout Bingo!	Blackout Bingo!	Blackout Bingo!
Fill in one square for every minutes practiced	Fill in one square for every minutes practiced	Fill in one square for every minutes practiced
Blackout Bingo!	Blackout Bingo!	Blackout Bingo!
Blackout Bingo!	Blackout Bingo!	Blackout Bingo!
Blackout Bingo!	Blackout Bingo!	Blackout Bingo!
Blackout Bingo!	Blackout Bingo!	Blackout Bingo!

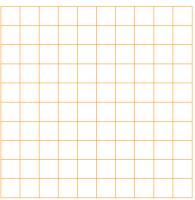
Race to 1,000 Minutes





Fill in one square for every minute practiced







Name:______