Each time you practice 20+ minutes in one of these locations or ways write the date in the box.

**You must submit a total of 4 BINGOs** (4 Vertical, Horizontal, or Diagonal lines).

Each practice session can only count for one box.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| On Facetime or zoomDate:  | With a FriendDate:  | In a Closet or under a tableDate:  | Practice counting & clapping  tricky rhythms out loudDate:  | Sibling’s or Parent’s RoomDate:  |
| With a Pet or Stuffed AnimalDate: | In the Shower (No H20)Date:  | Friend’s HouseDate:  | KitchenDate:  | At School (rehearsals don’t count) Date:  |
| Under a TreeDate:  | Warm-up with a G Major ScaleDate:  | FREE SPACE | Neighbor’s HouseDate:  | Bedroom ClosetDate:  |
| On the StairsDate: | In a Parked CarDate:  | Using a MetronomeDate:  | OutsideDate:  | Laundry Room or GarageDate:  |
| Warm-up with a shifting exerciseDate: | Living RoomDate:  | BathroomDate:  | For a family memberDate:  | Warm-up with a D Major scaleDate:  |

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_