Practice	Plan
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Date: _____ Time:____

#	(minutes)	D
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Orill/Activity Objective

1.

2.

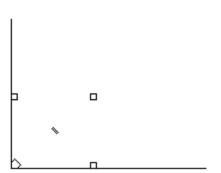
3.

4.

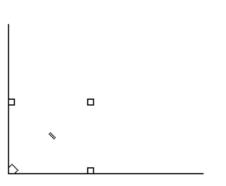
5.

6. 7.

1.



2.



3.

