



2010 Practice Marathon

A fundraising project to benefit the Syracuse Symphony Orchestra

Student Tally Sheet

STUDENT'S NAME _____ PHONE (____) _____ E-MAIL _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

SCHOOL _____ GRADE _____

TEACHER/INSTRUCTOR'S NAME _____

A	B Sponsor's Name	C. Sponsors Address & Phone	D. Pledge per 1/2 hr	No. of 1/2 hrs. practiced	TOTAL \$
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
TOTALS					

ALL CHECKS SHOULD BE MADE PAYABLE TO THE SYRACUSE SYMPHONY ASSOCIATION

DAILY TIME TALLY

For each day, place the number of half-hours practiced. At the end of the week, enter the total number.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Signature of Parent or Guardian _____