

MONTHLY KATHAK PRACTICE LOG

Student Name:

Level:

Month, Year:

DATE	TATKAAR (minutes)	MOVEMENTS (minutes)	CHAKKAR (minutes)	HEALTHY DIET (Y/N)	PARENT SIGNATURE
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1 st					
2 nd					
3 rd					
4 th					
5 th					
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29 th					
30 th					
31 st					