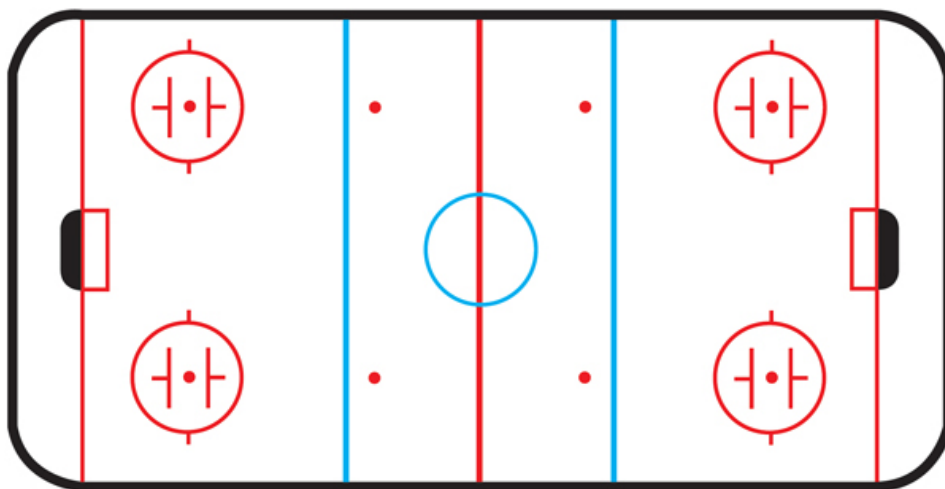




Practice Date: \_\_\_\_\_  
**AMHA Practice Plan**

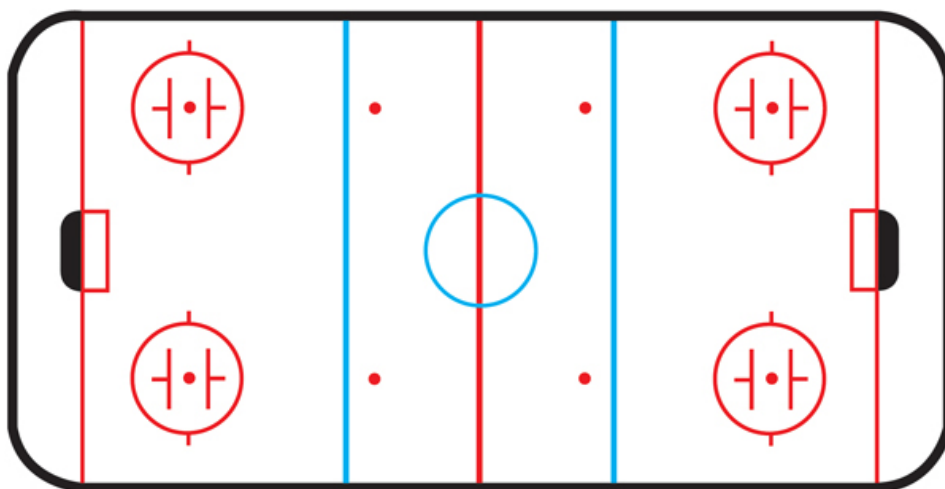
Notes :

Drill : \_\_\_\_\_ Length: \_\_\_\_\_



Notes :

Drill : \_\_\_\_\_ Length: \_\_\_\_\_



Notes :

Drill : \_\_\_\_\_ Length: \_\_\_\_\_

