



GRYPHONS LACROSSE CLUB



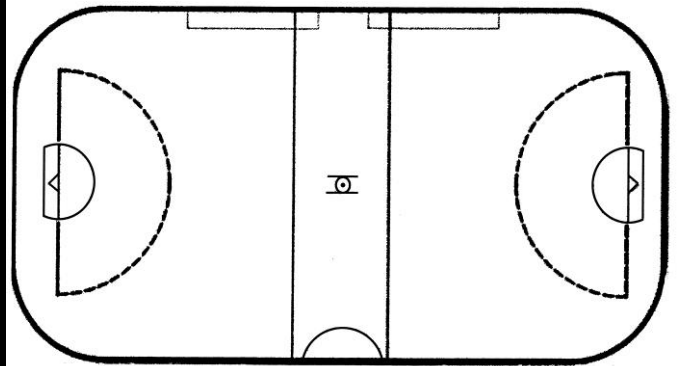
Box Lacrosse Practice Plan

Division: _____ Date: _____ Time: _____ Practice #: _____

Objectives: _____

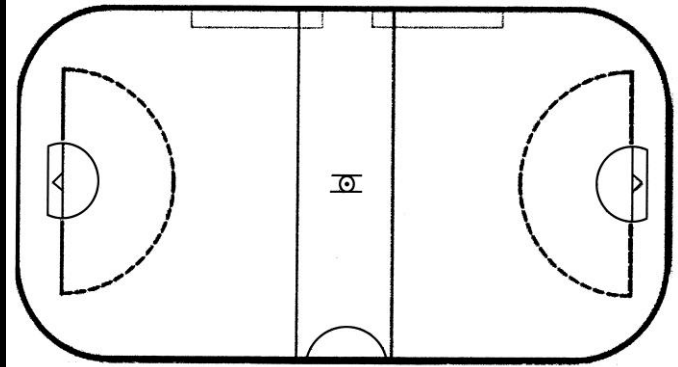
Time: _____ Drill Name: _____

Description and key teaching points: _____



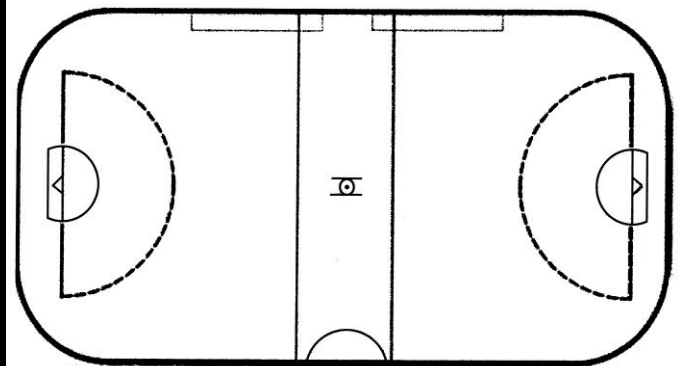
Time: _____ Drill Name: _____

Description and key teaching points: _____



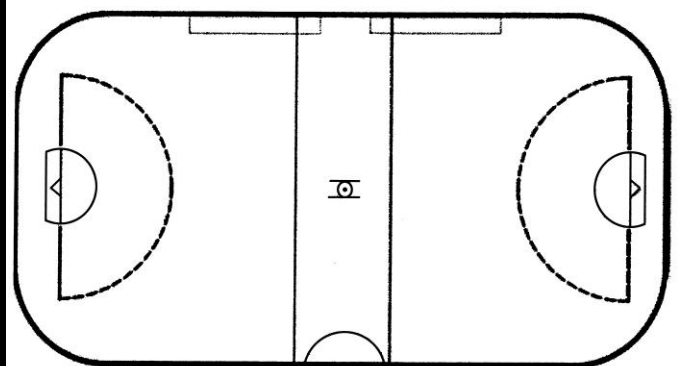
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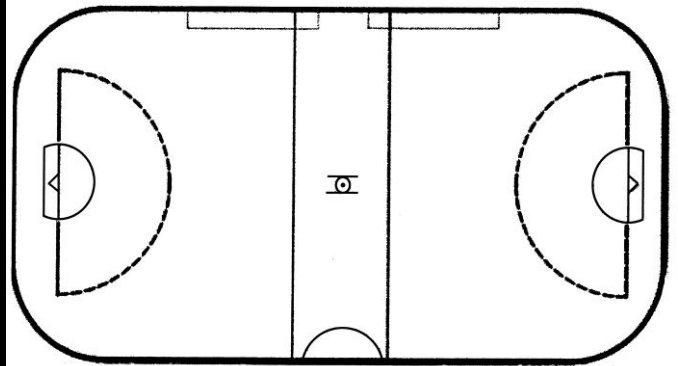
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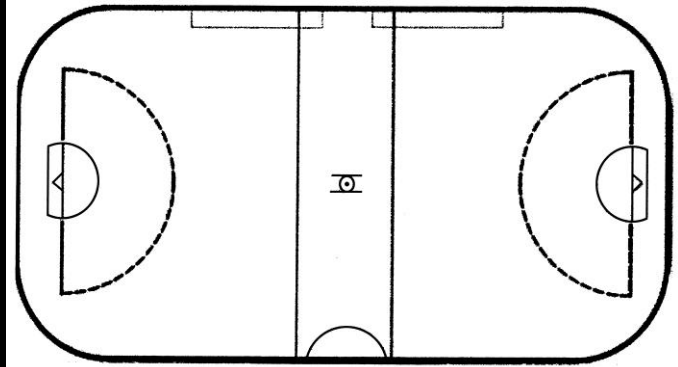
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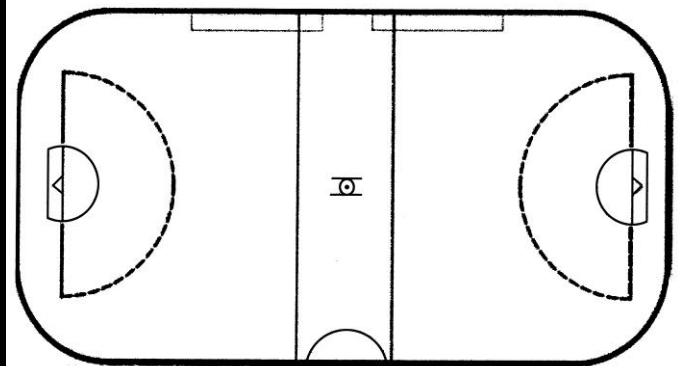
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