

# GENERAL PRACTICE PLAN FORM

Practice Date: \_\_\_\_\_ Next Opponent: \_\_\_\_\_

TIME	PRIOR TO PRACTICE:		
	TEAM STRETCH:		
	AGILITIES:		
	PER	OFF / DEF LINE	REC / LB
	QB / RB / DB		
	1		
	2		
	3		
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	23		

NOTES: \_\_\_\_\_

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