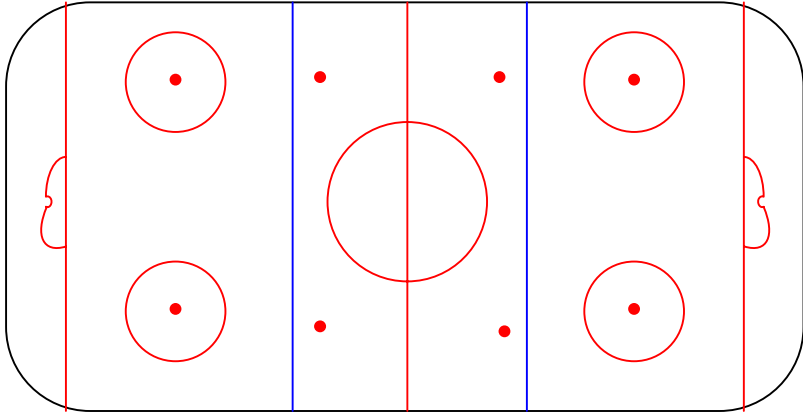




IYHA Practice Planner

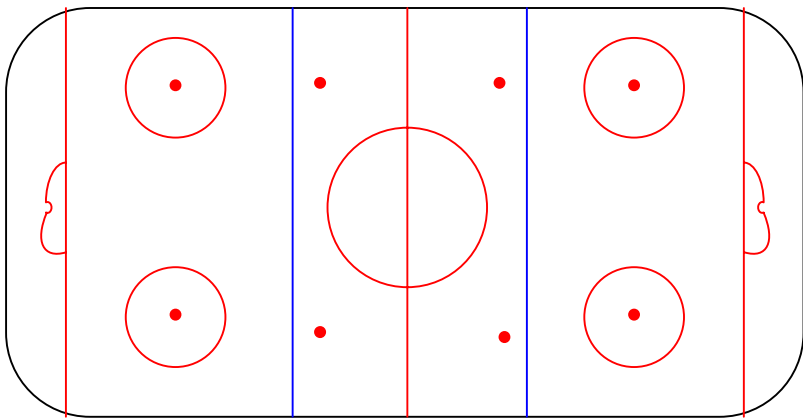
TEAM: _____

DATE/TIME: _____



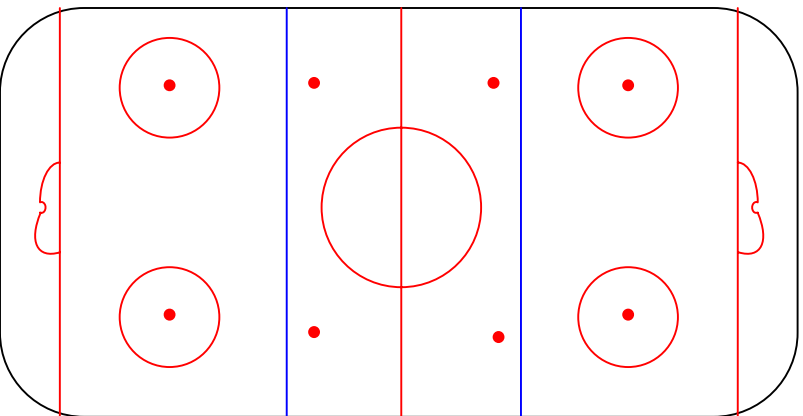
Drill _____

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____



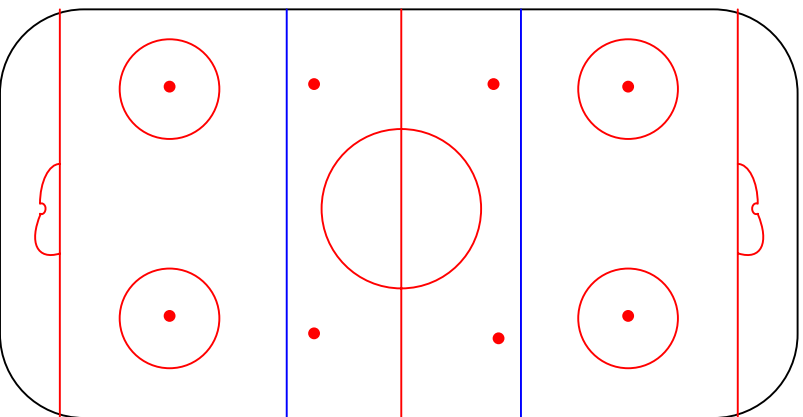
Drill _____

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____



Drill _____

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____



Drill _____

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____