



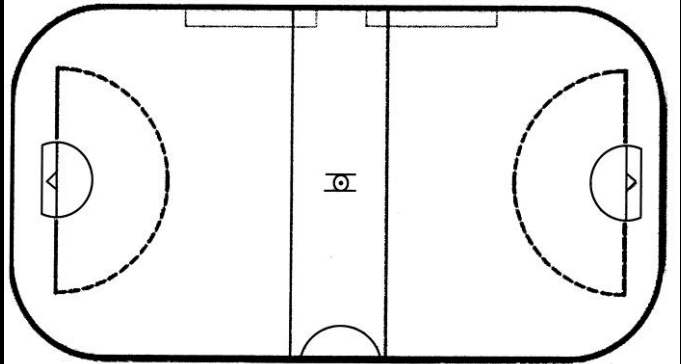
Box Lacrosse Practice Plan

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

Objectives: _____

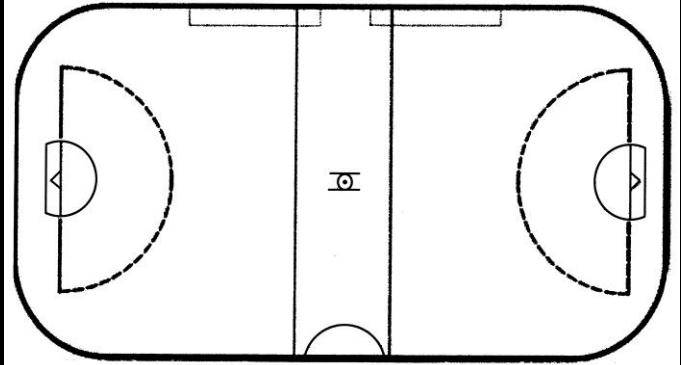
Time: _____ Drill Name: _____

Description and key teaching points: _____



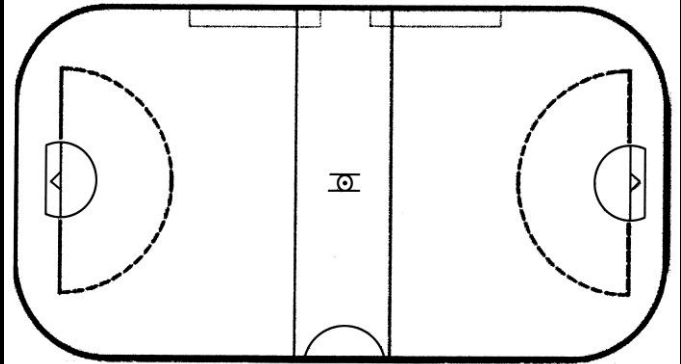
Time: _____ Drill Name: _____

Description and key teaching points: _____



Time: _____ Drill Name: _____

Description and key teaching points: _____



Time: _____ Drill Name: _____

Description and key teaching points: _____

