

## Teen Driving Practice Log

Name: \_\_\_\_\_

Date:	Driving Hours:
Time of Day:	Driving Conditions:
Route:	Comments:
<input type="checkbox"/> Reviewed ABCDs of Safe Driving	Parent Initials:

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I, \_\_\_\_\_, have completed at least 50 hours of daytime driving and 10 hours of nighttime driving.

Total Hours: \_\_\_\_\_

Driver Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_