

TRAINING ATTENDANCE REPORT

Name of training course _____

Location _____
(Name of chartered organization if new or reorganized unit)

Course dates _____ District _____

INSTRUCTIONS

Please print all information requested.
 Be sure to fill in the titles of the training sessions and check attendance.
 Send original report to the council service center promptly.

NAME <small>(PLEASE PRINT)</small>	POSITION	UNIT TYPE AND NO.	ADDRESS	EMAIL	PHONE NO.	SESSION TITLE AND DATE					DATE CERTIFICATE ISSUED
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											
16.											

SUMMARY

Total attendance _____
 Number of participants _____
 Total completing course _____

FOR COUNCIL OR DISTRICT USE

Date received _____
 Posted to unit inventory _____
 Posted to district summary _____

INSTRUCTORS OR COACHES



(Reproduce locally.)