

TRAINING ATTENDANCE REPORT BOY SCOUTS OF AMERICA

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.

(PLEASE USE BALLPOINT PEN)

| NAME <small>(please print)</small> | Position | Unit type and number | ADDRESS | Phone number | Session title and date | | | | | Date certificate issued |
|---------------------------------------|----------|----------------------|---------|--------------|------------------------|--|--|--|--|-------------------------|
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| 20. | | | | | | | | | | |
| 21. | | | | | | | | | | |
| 22. | | | | | | | | | | |

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

