TRAINING ATTENDANCE REPORT

Name of training course			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.								
Location											
Course dates	Name of chartered	trict									
						s	SESSION TITLE AND DATE				
NAME (PLEASE PRINT)	POSITION	UNIT TYPE AND NO.	ADDRESS	EMAIL	PHONE NO.						DATE CERTIFICATE ISSUED
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15••											
16.											
			SUMMARY	FOR COUNCIL OR DISTRICT	T USE	INST	RUCTO	RS OR	COACI	IES	
BOY SCOUTS	Date received Posted to unit inventory Posted to district summary										
(Reproduce locally.)				Summary							