

# 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**

**FOR COUNCIL OR DISTRICT USE**

**INSTRUCTORS OR COACHES**



**BOY SCOUTS OF AMERICA®**

Total attendance \_\_\_\_\_

Number of participants \_\_\_\_\_

Total completing course \_\_\_\_\_

Date received \_\_\_\_\_

Posted to unit inventory \_\_\_\_\_

Posted to district summary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Reproduce locally.)