

TRAINING ATTENDANCE REPORT BOY SCOUTS OF AMERICA

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 of training course _____

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

Course dates _____ District _____

(PLEASE USE BALLPOINT PEN)

NAME <small>(please print)</small>	Position	Unit type and number	ADDRESS	Phone number	Session title and date					Date certificate issued
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										

SUMMARY

FOR COUNCIL OR DISTRICT USE

INSTRUCTORS OR COACHES

Total attendance _____

Number of participants _____

Total completing course _____

#34413A

Date received _____

Posted to unit inventory _____

Posted to district summary _____



FORWARD THIS COPY TO COUNCIL SERVICE CENTER