

TRAINING ATTENDANCE REPORT

SCOUTING AMERICA

Name of training course _____

Location _____ Course code _____

Course dates _____ District _____

INSTRUCTIONS

Please print all information requested. Send original report to the local council service center promptly (council registrar).

(PLEASE USE BALLPOINT PEN)

Name (please print)	Position	Unit Type and No.	Email Address	Phone Number	Date Certificate Issued
1.					
2.					
3.					
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18.					
19.					
20.					
21.					
22.					

SUMMARY

Total attendance _____

Number of participants
completing course _____

FOR COUNCIL OR DISTRICT USE

Date
received _____

Posted to unit
in My.Scouting _____

FACILITATORS

FORWARD TO YOUR COUNCIL SERVICE CENTER