TRAINING ATTENDANCE REPORT BOY SCOUTS OF AMERICA

COUNCIL

Name of training course:			INSTRUCTIONS Please print all information requested.	uested.	Date Processed:
ocation			Be sure to fill in the titles of the training sessions and check attendance.	training	Ву:
Ourse date(s)			Send original report to the council service center promptly.	icil service	
l	(PLEASE USE BALLPOINT PEN)				
District	NAME (Please print) osition	Unit Type & Number	ADDRESS, CITY, ZIP (Use 2 lines if necessary)	PHONE NUMBER	E-MAIL Address (Use 2 lines if necessary)
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Instructors/Coaches:					
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