

Training Attendance Report

Boy Scouts of America

Name of training course: _____

Location: _____

Course Dates: _____

District: _____

#	Name	Position	Unit type & Number	Address	Phone Number	Session title and dates						Date certificate issued
1												
2												
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30												

SUMMARY

Total attendance _____
 Number of participants _____
 Total completing course _____

FOR COUNCIL OR DISTRICT USE

Date Rcvd: _____
Posted to unit: _____
Posted to Dist: _____

INSTRUCTORS OR COACHES

