

## TRAINING ATTENDANCE REPORT

### BOY SCOUTS OF AMERICA

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.

(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**

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

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

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

**FOR COUNCIL OR DISTRICT USE**

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

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

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

**INSTRUCTORS OR COACHES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_