Training Attendance Sheet
Boy Scouts Of America

YOUTH PROTECTION TRAINING

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 (please print)	Position	Unit type and number	E-MAIL ADDRESS	Phone number	Session title and date					Date certificate issued

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

_____

_____

_____

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