

TRAINING ATTENDANCE REPORT

BOY SCOUTS OF AMERICA

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.

Name of training course Cubmaster Training, #40
 Location St. John United Methodist Church, Anchorage
(Name of chartered organization if new or reorganized unit)
 Course dates 4/9/2016 District Denali

(PLEASE USE BALLPOINT PEN)

Name <small>(please print)</small>	Position	Unit type and No.	Address	E-mail	Phone No.	Session title and date				Date certificate issued	
1. Robert Davidson	CM	219									
2. Greg Hobbs	ACM	228									
3. Curtis Warren	CM	289									
4. Matthew Schierling	CM	205									
5. David O'Brien	AS	T-210									
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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

