## TRAINING ATTENDANCE REPORT

## SAM HOUSTON AREA COUNCIL

For use by district and council trainers upon course completion.

Completed reports may be emailed to TrainingReports @shac.org and your district professionals.

•							Course Code:			Date:		
Submitted by:							District:				Location:	
Pos	ition:				Phor	ie:	-		Email:			
	NAME as listed on BSA registration (please print)				per c	e &		HOME ADDRESS				
				District	Registered Position	Unit Type Number		or				
				Dist				MEMBER ID (preferred)	Phone Number		Email	
1												
2												
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10												
11												
12												
13												
Number of participants:     Pos       Number of trainers:     Inv       Total completing course:     Pos		Posted t Inventor Posted t	Date received Posted to unit Inventory Posted to district Summary				<ul> <li>Training already entered</li> <li>Training entered – all OK</li> <li>?? Registered in another unit – training entered</li> <li>X Not currently registered – training entered</li> <li>O Not registered</li> <li>!! Registered in another position – training entered</li> </ul>			of Trainers:		