TRAINING ATTENDANCE REPORT

SAM HOUSTON AREA COUNCIL

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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:	
Position:					I	Phone:			Email:	
	NAME	District	Registered Position	Unit Type & Number		HOME ADDRESS	Phone Number			
	as listed on BSA registration (please print)					or				
					Dist	I			MEMBER ID (preferred)	Email
1										
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13										
Number of participants: Number of trainers: Poste Inven Total completing course:		Posted t Inventor Posted t	ite received isted to unit ventory isted to district mmary				* Training already entered V Training entered – all OK ?? Registered in another unit – training entered X Not currently registered – training entered O Not registered !! Registered in another position – training entered		List	of Trainers: