TRAINING ATTENDANCE REPORT

SAM HOUSTON AREA COUNCIL

CE REPORT Page

of

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										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
Number of participants: Number of trainers: Poster Total completing course: Poster		Posted t Inventor Posted t	te received sted to unit rentory sted to district mmary				* Training already entered V Training entered – all OK PRegistered in another unit – training entered X Not currently registered – training entered O Not registered PRegistered in another position – training entered		List	of Trainers: