

**MONTANA COUNCIL TRAINING
ATTENDANCE REPORT**

BOY SCOUTS OF AMERICA

Name of Training Course _____

Location _____

Course Date _____ District _____

Page ____ of ____

Instructor/Coach (s) Name (s)

*Please **print** all information requested. *Fill in the title of the training session and check attendance. *Send original report to the Training Records Office promptly (Great Falls Office). *Keep a copy for your records. *Use a separate training form for each type of training. * * Questions Great Falls Office at 406-721-7000 or call 406-375-5434 (Cory Keith, VP Training, Montana Council.

Name (Please Print as it appears on your BSA registration)	Position held in your Unit	Unit Type <u>P</u> ack <u>T</u> roop <u>T</u> Eam <u>C</u> rew and Unit #	BSA Membership Number (If known)	Phone #	Address Street, City, Zip Code	Email Address



Send to: Training Records
Montana Council, BSA
820 17th Ave South
Great Falls, MT 59405
406-721-7000
406-721-4480 Fax

Revision Date 9/1/2014
For Council Use

Date Posted _____