MONTANA COUNCIL TRAINING ATTENDANCE REPORT

BOY SCOUTS OF AMERICA

Name of Training Course_____

Location_____

Course Date_____ District_____

Page _____ of _____

Instructor/Coach (s) Name (s)

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*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. *Keep a copy for your records. *The Instructor/Coach is responsible for completing and distributing the wallet size training cards. *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** Pack Troop TEam Crew **and Unit #**	**BSA Membership Number** (If known)	**Phone #**	**Address Street, City, Zip Code**	**Email Address**

BOY SCOUTS OF AMERICA
MONTANA COUNCIL

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

Revision Date 7/1/2014
For Council Use

Date Posted_____