

**MISCELLANEOUS LEADER
TRAINING ATTENDANCE REPORT
GREAT TRAIL COUNCIL ✦ BSA**

FOR OFFICE USE ONLY	
Date Cards Issued _____	_____
Date Recorded _____	_____

Course Director's Name: _____ Phone: _____

Location _____ Date _____

District: _____

Session Title

NAME (Please Print)	Position	Unit Number	ADDRESS															
1.																		
2.																		
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14.																		
15.																		

Instructions: Need Course Director's name, location and date of training. Please fill in all required information for volunteers and check the training that they took. Turn attendance sheet in to the Council Office. After the training is recorded, training cards will be distributed and a copy of the this report will be forwarded to the District Training, and Council Training Chairmen.

Mail to: Pat Gaugler, Registrar, GTC, PO Box 68, Akron, OH 44309-0068