



ATTENDANCE RECORD

Directions: PLEASE USE A BALL-POINT PEN AND PRESS FIRMLY! Complete all information below that is applicable to the session. Note extra information needed for training courses or workshops. When completed, forward to your immediate supervisor.

Title of session: _____ Date: _____

Service unit: _____ (Use a separate form for each service unit.)

NUMBER OF HOURS IN COURSE/SESSION: _____

TRAINER(S) NAME: _____

RACE/ETHNIC CATEGORY CODE				
ASIAN A	AMER. IND. AI	BLACK B	HISPANIC H	WHITE W

LAST NAME	FIRST NAME	MAILING ADDRESS (Street/Route/P.O. Box, City)	ZIP CODE	PHONE NUMBER	GIRL OR ADULT		G.S. POSITION		RACE/ETHNIC CATEGORY
							- OR -		
							AGE LEVEL	TROOP NUMBER	
1.					<input type="checkbox"/> G	<input type="checkbox"/> A			
2.					<input type="checkbox"/> G	<input type="checkbox"/> A			
3.					<input type="checkbox"/> G	<input type="checkbox"/> A			
4.					<input type="checkbox"/> G	<input type="checkbox"/> A			
5.					<input type="checkbox"/> G	<input type="checkbox"/> A			
6.					<input type="checkbox"/> G	<input type="checkbox"/> A			
7.					<input type="checkbox"/> G	<input type="checkbox"/> A			
8.					<input type="checkbox"/> G	<input type="checkbox"/> A			
9.					<input type="checkbox"/> G	<input type="checkbox"/> A			
10.					<input type="checkbox"/> G	<input type="checkbox"/> A			
11.					<input type="checkbox"/> G	<input type="checkbox"/> A			
12.					<input type="checkbox"/> G	<input type="checkbox"/> A			
13.					<input type="checkbox"/> G	<input type="checkbox"/> A			
14.					<input type="checkbox"/> G	<input type="checkbox"/> A			
15.					<input type="checkbox"/> G	<input type="checkbox"/> A			