



### ATTENDANCE RECORD

**Directions: PLEASE USE A BALLPOINT PEN.** 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: \_\_\_\_\_

NUMBER OF HOURS IN COURSE/SESSION: \_\_\_\_\_

NAME OF TRAINER(S): \_\_\_\_\_

LAST NAME	FIRST NAME	MAILING ADDRESS (Street/Route/P.O. Box, City, State, ZIP)	EMAIL ADDRESS	PHONE NUMBER	GIRL OR ADULT		G.S. POSITION	
							- OR -	
					GRADE 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		

LAST NAME	FIRST NAME	MAILING ADDRESS (Street/Route/P.O. Box, City, State, ZIP)	EMAIL ADDRESS	PHONE NUMBER	GIRL OR ADULT		G.S. POSITION	
							- OR -	
							GRADE LEVEL	TROOP NUMBER
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		