



	<i><b>NAME</b></i>	<i>Position</i>	<i>Unit type and number</i>	<i><b>ADDRESS</b></i>	<i><b>Phone Number</b></i>	<i><b>E-Mail Address</b></i>									
10															
11															
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Council or District:

Total Attendance \_\_\_\_\_

Date received \_\_\_\_\_

INSTRUCTORS OR COACHES

Number of Participants \_\_\_\_\_

Posted to unit inventory \_\_\_\_\_

\_\_\_\_\_

Total completing course \_\_\_\_\_

Posted to district/council  
summary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FORWARD THIS COPY TO THE COUNCIL SERVICE CENTER