

CHICAGO AREA COUNCIL
TRAINING ATTENDANCE REPORT

Date of Training Course:													
Location of Training Course:													
	Name (please print) & Address	Position	Unit Number	District	Phone number								
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
Attended:		Posted by District:			Instructors:								
Completed:		Posted by Registrar:											
		Posted by Council:											