

Electronic Training Class Report

(Please complete this form electronically and email to District Training Coordinator within 1 week of teaching the class.)

District Class Code:

District or Region:	Session Name:	RB	RE
		cle	
Division/Section:	Training Date:		

Instructor's Name	Hours Taught	Instructor's Name	Hours Taught

This form may be used to report the outcome of any class taught for Royal Rangers.
For each individual, indicate whether or not they completed the training.

	OP #	Trainee's Name	Address	City, State, Zip	Completed?	
					Yes	No
1						
2						
3						
4						
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20						

Send a copy of this report to your **District Training Coordinator**. **Save this document with your name in the filename and email it to the above link. Keep a copy of this report for your records.**