



# GIRL SCOUTS OF CONNECTICUT, INC.

Attn.: Volunteer Services Department, North Haven Service Center  
20 Washington Avenue, North Haven, CT 06473  
1-203-239-2922; 1-800-922-2770; Fax (203) 239-7220  
[www.gsofct.org](http://www.gsofct.org)

## TRAINING ATTENDANCE SHEET

Course # \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Course Location and Address \_\_\_\_\_

Facilitator Name \_\_\_\_\_ Co-Facilitator Name \_\_\_\_\_

Facilitator Home Address (Street, City, Zip) \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

PRINT CLEARLY	Completed the course?
Name _____ Address _____ City _____ Zip _____ Email _____ Home Phone _____ Cell Phone _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____ Address _____ City _____ Zip _____ Email _____ Home Phone _____ Cell Phone _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____ Address _____ City _____ Zip _____ Email _____ Home Phone _____ Cell Phone _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____ Address _____ City _____ Zip _____ Email _____ Home Phone _____ Cell Phone _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

# TRAINING ATTENDANCE SHEET (CONT.)

PRINT CLEARLY	Completed the course?
Name _____ Address _____ City _____ Zip _____ Email _____ Home Phone _____ Cell Phone _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____ Address _____ City _____ Zip _____ Email _____ Home Phone _____ Cell Phone _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____ Address _____ City _____ Zip _____ Email _____ Home Phone _____ Cell Phone _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____ Address _____ City _____ Zip _____ Email _____ Home Phone _____ Cell Phone _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____ Address _____ City _____ Zip _____ Email _____ Home Phone _____ Cell Phone _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____ Address _____ City _____ Zip _____ Email _____ Home Phone _____ Cell Phone _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____ Address _____ City _____ Zip _____ Email _____ Home Phone _____ Cell Phone _____	<input type="checkbox"/> Yes <input type="checkbox"/> No