

TEACH 'N' TRAINER PAY SHEET

Trainer Information:

| First Name | Middle Init | al Last Name | | |
|-------------------------------------------------------------------------|-------------|---------------------|----------|-------------------|
| Address | | | | |
| Street | | City Cell Phone | State | 1 |
| Home Phone | | Work Phone | | |
| Training Site Information: | | Total Mileage | | |
| Training Location (site) | | (City) | | |
| Training Date: | | | | |
| Number of Matches Observed REQUIRED! Number of Pins Remaining | | | | |
| What time did the Training Sessions start? What time did the Training S | | | | |
| Comments/Questions Asked | | | | |
| | | | | |
| Signature of Site Di | rector | R | EQUIRED! | |
| Pay Structure: | | | | (office use only) |
| \$160 Full-day (entire event) \$80 Half-day (minimum 4 hour) | | | Base Pay | |
| | | plus 50¢ per mile = | | |
| Office Only: | Date Paid | Initials T | otal Pay | |

Please complete EXAM A or C and this Form and submit to cara@ncrusav.org or fax to 763-515-3852. If mailing: NCR, Attn: Cara Lang, Box 91, Dayton, MN 55327. If they aren't completed and submitted 30 days from the date of the Trainings NCR reserves the right to decline payment.