



Topic: _____

This form documents that the training specified above was presented to the listed participants. By signing below, each participant acknowledges receiving this training.

Location: _____ **Date:** _____

Trainer: _____ **Trainer's Signature:** _____

Class Participants:

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

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Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

All completed rosters must be retained by the local church, Conference office, and/or operation (Early Childhood, Mission Central, Camp) for three years from the date of training