



Girl Scout Council of the Nation's Capital
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T720

GSCNC TRAINER REPORT

1. How many people completed this course?
- How many of these were walk-ins?
- How many were no-shows?

Course Title:	<input type="text"/>
Start Date:	<input type="text"/>
Location:	<input type="text"/>

2. List walk-ins and their contact information below.
(include address, phone number and email)

3. List the names of any no-shows in the box below
(write names as listed on the class roster)

4. Training Team: List all members of the team, including yourself, and their hours. Your Volunteer Development Specialist must receive this list for all team members to receive credit for this course.

Name:	Hours:	Name:	Hours:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please use the box below for comments. If needed, list additional walk-ins, no-shows, or trainers that do not fit above.