**Training Report Form**

Colorado Grand Assembly, IORG

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assembly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. \_\_\_\_\_\_\_

*or if mixed group, list Assembly below for each participant*

Name and Qualifications of Presenter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Module Title or other subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **Name (Please Print)** | **ASSEMBLY** | **YOUTH** | **ADULT** |
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| **3** |  |  |  |  |
| **4** |  |  |  |  |
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| **19** |  |  |  |  |
| **20** |  |  |  |  |

Please forward completed copy to Supreme Officer

Total # trained: Youth \_\_\_\_ Adults \_\_\_\_