TRAINING REPORT FORM
Colorado Grand Assembly, IORG

Date: _____   Assembly: _____

or if mixed group, list Assembly below for each participant

Name and Qualifications of Presenter: _____

Module Title or other subject: _____

_____

	Name (Please Print)	ASSEMBLY	YOUTH	ADULT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Please forward completed copy to Supreme Officer

Total # trained: Youth _____   Adults _____