

## CAGBA Training Completion Record

**Class Title:**

**Presented By:**

**Date:**

**Program Description:**

### Attendance Listing

Name	Adult / Youth	Pass / Fail / NA
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

**Instructor Or Trainer Comments:**

**Instructor or Trainer's Signature:**

TrainingLog.Doc  
09-Aug-2005

Send To:

Ellen Gregory, CAGBA Secretary  
14663 E. Evans Creek Rd.  
Rogue River, OR 97537