



BOY SCOUTS OF AMERICA

Adult Leader Training Record

Name	Phone
Address	
Email	
Pack/Troop/Crew #	District

Include all training that you have received. Please print legibly.

Cub Scout Training	Boy Scout Training	Venture Training
<u>Training</u>	<u>Training</u>	<u>Training</u>
<u>Date</u>	<u>Date</u>	<u>Date</u>
Fast Start	Fast Start	Fast Start
New Leader's Essentials	New Leader's Essentials	New Leader's Essentials
Position Specific (indicate positions)	Position Specific (indicate positions)	Position Specific (indicate positions)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	Supplemental Training (i.e. Wood Badge, Lifeguard, Philmont)
Other training – please list	Other training – please list	

**Please return completed form to your District Training Chair or
Margaret Riedinger, Council Registrar
1555 East 2nd Street . Wichita, Kansas 67214 or mrrieding@bsamail.org**