



Training Report Form

Date: _____

Location: _____

Type of Training: _____

No. of Participants: Adults _____ Children _____

Duration (Hours): _____

Trainers Involved: _____

Requested or Hosted by (area or other): _____

Training adviser: _____

Comments about training:

What did the evaluations indicate?

Who are the resource people?

Please Complete and Forward to:

**Girl Guides of Canada, Manitoba Council
213 – 530 Century Street
Winnipeg, Manitoba R3H 0Y4
Fax: (204) 774-9271
Email: sdion@girlguides.mb.ca**