Reset

COURSE FOR MANAGERS OF LEARNING NO. _____

_____
VENUE

_____
DATE

DIRECTORY

Instructional Staff

NAME	COUNCIL	SCOUTING POSITION	OCCUPATION/ POSITION	TELEPHONE/ CELLPHONE/ FAX/E-MAIL	HOME ADDRESS/OFFICE ADDRESS	BIRTHDAY

_____ Group
Counselor**:** _____

NAME	COUNCIL	SCOUTING POSITION	OCCUPATION/ POSITION	TELEPHONE/ CELLPHONE/ FAX/E-MAIL	ADDRESS	BIRTHDAY

_____ Group
Counselor: _____

NAME	COUNCIL	SCOUTING POSITION	OCCUPATION/ POSITION	TELEPHONE/ CELLPHONE/ FAX/ E-MAIL	ADDRESS	BIRTHDAY

_____ Group
Counselor: _____

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_____Group

Counselor: _____

NAME	COUNCIL	SCOUTING POSITION	OCCUPATION/ POSITION	TELEPHONE/ CELLPHONE/ FAX/E-MAIL	ADDRESS	BIRTHDAY

SUPPORT STAFF

NAME	COUNCIL	SCOUTING POSITION	OCCUPATION/ POSITION	TELEPHONE/ CELLPHONE/ FAX/E-MAIL	ADDRESS	BIRTHDAY