

DISTRICT REPORT OF TRAINING

DISTRICT #: _____ DISTRICT COMMANDER: _____

Start Time: _____ End Time: _____ Date: _____

Location: _____

Instructors: _____

List of attendees:

Print Name	Signature	Position	Post #

Use additional copies as necessary. Email or mail to Department Headquarters immediately following District Training. reports@texasvfw.org or Texas VFW, P.O. Box 14468, Austin, Texas 78761

District Commander Signature: _____