Theodore Roosevelt Council Boy Scouts of America

UNIT REPORT FORM
Youth Protection Training for Youth

Cub Scouts: *It Happened to Me*
Boy Scouts: *A Time to Tell*
Venturers: *Youth Protection: Personal Safety Awareness*

District:_____ Unit # :_____ Chartered Organization:_____

Unit Leader:_____ Date Training Held:_____

Total Youth Attending: _____ Total Adult Attendance: _____

CUB SCOUT	BOY SCOUT	VENTURER	PARENT/GUARDIAN

THIS TRAINING SHOULD BE HELD ANNUALLY BY EVERY UNIT IN THE COUNCIL

As a result of this training, were any issues raised that require local council follow-up? If so, use back of this form to so indicate.

Please return this form to Theodore Roosevelt Council, BSA / 544 Broadway / Massapequa, NY 11758-5010
Or Fax to Council at (516) 797-9765