

SUMMER FOOD SERVICE PROGRAM (SFSP) TRAINING SIGN-IN RECORD FOR ADMINISTRATORS AND MONITORS

Sponsoring Organization: _____ Day/Date: _____
 Name/Title of Person Conducting Training: _____ Signature: _____

I certify that the personnel named below have been trained in program administration/operation and financial management for the Summer Food Service Program. An outline of the topics covered during this training session is attached.

<i>PRINT OR TYPE NAME OF PARTICIPANT</i>	<i>SIGNATURE OF PARTICIPANT</i>	<i>POSITION/TITLE IN THE SUMMER PROGRAM</i>