SUMMER FOOD SERVICE PROGRAM FOR CHILDREN (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 for Children. An outline of the topics covered during this training session is attached.

PRINT OR TYPE NAME OF PARTICIPANT	***SIGNATURE OF PARTICIPANT***	***POSITION/TITLE IN THE SUMMER PROGRAM***