

SUMMER FOOD SERVICE PROGRAM (SFSP) TRAINING SIGN-IN RECORD FOR SITE SUPERVISORS

Sponsoring Organization: _____ Day/Date: _____

Name/Title of Person Conducting Training: _____ Signature: _____

I certify that the personnel named below have been trained in meal site operations and requirements for the Summer Food Service Program. An outline of the topics covered during this training session is attached.

<i>PRINT OR TYPE NAME OF PERSONNEL</i>	<i>SIGNATURE OF PERSONNEL</i>	<i>NAME OF ANTICIPATED ASSIGNED SITE</i>	<i>FOR SPONSOR'S USE ONLY AFTER PROGRAM BEGINS ASSIGNED SITE</i>