

Class Record Form

TO BE COMPLETED BY LEAD INSTRUCTOR AND SIGNED BY ALL PARTICIPATING VOLUNTEER INSTRUCTORS. SUBMIT WITHIN 10 DAYS OF CLASS COMPLETION.

CLASS INFORMATION

Class ID No.: _____ Class Location: _____

Course Start Date: _____ Course End Date: _____ No. Students Certified: _____

Males Registered: _____ + Females Registered : _____ = Total Registered Students _____

Class Hours: _____ + Field Exercise Hours: _____ = Total Class Hours _____

CHECK CLASS TYPE

Instructor-led Hunter _____ Instructor-led Bowhunter _____

Instructor-led Hunter & Bowhunter Education _____

Field Day Hunter _____ Trapper Educator _____

Did you plan a live fire clinic? Yes No

Range Location _____ Range Hours: _____ Range Attendance : _____

INSTRUCTOR TIME RECORD

Instructor Name (print) _____ Instructor Number _____

Instructor Type (lead, assistant, guest) _____

DATE	PREP HOURS	CLASS + FIELD HOURS	VOLUNTEER SIGNATURE
TOTAL			



