



TRAINING SEMINAR SIGN OFF

The following people have attended a _____ Training Seminar

Held at: _____ On: _____

Attendee #1

Full Name and Licence #:	Address:	Phone Numbers	
Date of Birth:	Email:	Car Club Name	Expiry Date

Attendee #2

Full Name and Licence #:	Address:	Phone Numbers	
Date of Birth:	Email:	Car Club Name	Expiry Date

Attendee #3

Full Name and Licence #:	Address:	Phone Numbers	
Date of Birth:	Email:	Car Club Name	Expiry Date

Attendee #4

Full Name and Licence #:	Address:	Phone Numbers	
Date of Birth:	Email:	Car Club Name	Expiry Date

Attendee #5

Full Name and Licence #:	Address:	Phone Numbers	
Date of Birth:	Email:	Car Club Name	Expiry Date

Seminar Trainer Name: _____ Signature: _____

Please note a passport style photo is required to print on all Officials Licence Cards