

CIVIL RIGHTS TRAINING

ROSTER OF PERSONNEL IN ATTENDANCE

(Must be completed annually.)

Name of CACFP Institution/SFSP Sponsor: _____

Mailing Address: _____

CACFP/SFSP Agreement No: _____

Telephone No.: _____

Date Training Completed: _____

Name-PRINTED	Name – SIGNATURE	Job Title

This institution is an equal opportunity provider.

REV. 6/2018