**Alpha Chi Sigma**

**Alcohol Awareness Training Sign-In Sheet**

**Return this form to the** [**National Office**](mailto:reports@alphachisigma.org) **upon completion or by May 15.**

**Chapter name –**       **Date of training –**

**Number of active members and** **current pledges in your chapter’s records –**

I certify that the Alpha Chi Sigma members listed below

have completed the required alcohol awareness training.

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| Training instructor or chapter advisor’s signature |  | Organization that provided the training |

Chapter officers must attend training. Please indicate the other officers from your chapter that may not be listed here.

| **Member Name\***  \*If an officer was not present at this training session, please indicate “Not present” as the corresponding “Member Name” on the form. | **Pledge or Brother (indicate officer position)** |
| --- | --- |
|  | Master Alchemist |
|  | Vice Master Alchemist |
|  | Reporter |
|  | Treasurer |
|  | Recorder |
|  | Master of Ceremonies |
|  | Alumni Secretary |
|  | Health & Safety Officer |
|  | Social Chair |
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