## SUMMER FOOD SERVICE PROGRAM (SFSP) TRAINING SIGN-IN RECORD FOR FOOD SERVICE PERSONNEL

Sponsoring Organization:	Day/Date:	
Name/Title of Person Conducting Training:	Signature:	
I certify that the personnel named below have b Service Program. An outline o	een trained in food service operations and requi of the topics covered during this training session	rements for the Summer Food is attached.
PRINT OR TYPE NAME OF PARTICIPANT	SIGNATURE OF PARTICIPANT	POSITION/TITLE IN THE SUMMER PROGRAM