

# **COMM CLASSROOM/TRAINING SIGN-IN SHEET**

*Tennessee Wing | Civil Air Patrol | United States Air Force Auxiliary*

**Activity:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_  
Rank, Name, Position, CAP ID

**Date:** \_\_\_\_\_ **Wing Approval:** \_\_\_\_\_  
DD MMM YYYY Wing/DC or ADC

The Instructor listed above, certifies that all persons listed below have met the requirements of CAPR 100-1 and any TN Wing Supplements/Requirements to satisfactorily complete the indicated level of Communications training.

	<b>NAME &amp; RANK</b>	<b>CAP ID</b>	<b>UNIT</b>
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