



NUTS & BOLTS

OF SCHOOL NUTRITION PROGRAMS

Group Training

Date of Training:

Name of Training:

Location (school and district):

Name & email of Training Facilitator:

	Participant Names (printed clearly or typed)	Participant Signatures
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		