



GWRRA University Class/Seminar Roster



Date _____ Page _____ of _____

Class/Seminar: _____ Chapter/State: _____

Instructor/presenter: _____ Member Number: _____

Instructor/presenter _____ Member Number: _____

City _____ State/Province/Country _____

Event _____

PLEASE PRINT ONE NAME PER LINE

	Name	GWRRA Membership #	District/Chapter
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Please Forward Form To: District Educator & District University
Coordinator for Database Entry.

Note: District's without a District Coordinator; The University Instructor will need to Fill out and Submit the U3 Digital Form.