

CITIZENS MILITIA OF MISSISSIPPI

MONTHLY TRAINING REPORT

DATE: _____

ATTENDANCE: _____

CLASS: _____ INSTRUCTOR: _____

CLASS: _____ INSTRUCTOR: _____

CLASS: _____ INSTRUCTOR: _____

CLASS: _____ INSTRUCTOR: _____

CLASS: _____ INSTRUCTOR: _____

CLASS: _____ INSTRUCTOR: _____

COMMENTS: _____

VERIFING SIGNATURE: _____

***ATTACH MASTER SIGN IN SHEET**