

District 4 Leadership Training Workshop Report

1. Workshop date: _____ Location _____ #Attending _____

2. Zone Director/s _____

3. Name of Workshop Facilitator: _____

4. Lodges Attending (Name, Number, City, No. of participants from each Lodge)

a.	_____	-	_____	#
b.	_____	-	_____	#
c.	_____	-	_____	#

5. Roster of Participants (First and last name)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Narrative Report for each Workshop

(Please provide a listing of comments from the participant evaluations and your personal comments and observations.)

Email a copy of your workshop report and roster of participants to:

Sharon Tandberg: standberg@sofn-district4.com

Eivind Heiberg: cheiberg@sofn.com