AARS TRAINING CLASS STUDENT SIGN IN SHEET						
CLASS	AARS INSTRUCTOR	AARS CLASS #	START DATE FINISH DATE			
LOCATION	CARNIVAL SPIRIT	AARS INSTRUCTOR & NUMBER				

Name	DEPT	E-MAIL ADDRESS	BLOCK 1 AM	BLOCK 2 PM	C E R T

Name	DEPT	E-MAIL ADDRESS	BLOCK 1 AM	BLOCK 2 PM	C E R T