

CYCLE TRAINING REGISTER 2006

NAME OF SCHOOL GROUP NUMBER/NAME

NAME OF CHILD	Year 5 or 6	Helmet Y/N	Cycle Check	Lesson 1	Lesson 2	Lesson 3	Lesson 4	Lesson 5	Lesson 6	Lesson 7	Test P/F
1											
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If more than 20 children in school wish to take part, please divide them into groups of 20 maximum, 11 minimum and photocopy this sheet for use with each group. If you claim expenses for training, use the claim for on the reverse of this register otherwise payment cannot be made. Use a separate register/claim form for each group. Additional forms are available if required from your Road Safety Officer on request.