

PERSONNEL REGISTER				BASE	MISSION NUMBER	DATE	PAGE ___ OF ___
PERSONNEL					NOTIFY IN CASE OF EMERGENCY		
	NAME (Last, First)	GRADE	CAPID	HOME UNIT	101 CARD CHECKED	NAME	PHONE NUMBER
1							()
2							()
3							()
4							()
5							()
6							()
7							()
8							()
9							()
10							()
11							()
12							()
13							()
14							()
15							()
16							()
17							()
18							()
19							()
20							()

I certify that the personnel listed above participated in the mission as indicated.

Signature of Mission Coordinator