FINGER LAKES GROUP PERSONNEL REGISTER	LOCATION	ACTIVITY	DATE	PAGE OF PAGES

PERSONNEL					NOTIFY IN CASE OF AN EMERGENCY	
NAME (*Last Name, First Name)*	GRADE	CAPID	HOME UNIT	DUTY ASSIGNMENT	NAME	PHONE OR ADDRESS

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

_____
Signature

FLG FORM 1
JUN 04