CHECK-IN LIST		TASK NAME:	FOR OPERATIONAL PERIOD #	DATE PREPARED: TIME PREPARED:
TEAM/UNIT NAME: **MISSION NUMBER**			CHECK-IN LOCATION: MERIDEN-MARKHAM AIRPORT FBO BLDG	

#	PRINT NAME	CAP ID# & SQUADRON CHARTER #	TIME IN	TIME OUT	MUST BE OUT BY	INITIALS IN	INITIALS OUT	NUMBER OF HOURS	Km/Mi
PAGE __ OF __		PREPARED BY (LOGISTICS):			**ICS 211**	PAGE TOTALS			

REV 97/08/01