



RENDEZVOUS WITH COMET HALLEY CREW MANIFEST



Mission Date _____ Time _____
 Teacher name _____ School _____
 Grade(s) _____ # of students _____ # of chaperones _____

1. Assign the crew following the numbers listed below. Maximum crew size is 34.
2. FAX the Manifest prior to mission day. FAX #: 423.425.2190

TEAM NAME	GROUP A BEGINS IN	GROUP B BEGINS IN
COM/DATA	1 _____	2 _____
NAVIGATION	3 _____ 27 _____	4 _____ 28 _____
PROBE	5 _____ 29 _____	6 _____ 30 _____
REMOTE 1	7 _____ 9 _____	8 _____ 10 _____
REMOTE 2	23 _____ 25 _____	24 _____ 26 _____
LIFE SUP- PORT	11 _____ 15 _____	12 _____ 16 _____
MEDICAL	13 _____ 17 _____	14 _____ 18 _____
ISOLATION 1	19 _____ 21 _____	20 _____ 22 _____
ISOLATION 2	31 _____ 33 _____	32 _____ 34 _____
ISOLATION 3	_____	_____