



RETURN TO THE MOON CREW MANIFEST



Mission Date _____ Time _____

Teacher name _____ School _____

Grade(s) _____ # of students _____ # of chaperones _____

1. 1. Assign the crew following the numbers listed below. Maximum crew size is 34.

2. FAX the Manifest at least two days prior to mission day. FAX #: 423.425.2190

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