

NOMINAL ROLL
(Incl. Meal Allowance, rations, bulk food)

CADET CORPS/SQN No. _____ ASR # _____

EXERCISE CONDUCTED FROM _____ HRS _____ TO _____ HRS _____

Commanding Officer _____ certify that all Instructors and Cadets whose names appear below have taken part in the exercise and have consumed meals as shown on the attached CF 52.

All participants print full name and sign.

Signature of Commanding Officer

1	_____	30	_____
2	_____	31	_____
3	_____	32	_____
4	_____	33	_____
5	_____	34	_____
6	_____	35	_____
7	_____	36	_____
8	_____	37	_____
9	_____	38	_____
10	_____	39	_____
11	_____	40	_____
12	_____	41	_____
13	_____	42	_____
14	_____	43	_____
15	_____	44	_____
16	_____	45	_____
17	_____	46	_____
18	_____	47	_____
19	_____	48	_____
20	_____	49	_____
21	_____	50	_____
22	_____	51	_____
23	_____	52	_____
24	_____	53	_____
25	_____	54	_____
26	_____	55	_____
27	_____	56	_____
28	_____	57	_____
29	_____	58	_____

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Commanding Officer _____ certify that all Instructors and Cadets whose names appear below have taken part in the exercise and have consumed meals as shown on the attached CF 52.

All participants print full name and sign.

Signature of Commanding Officer

59	_____	88	_____
60	_____	89	_____
61	_____	90	_____
62	_____	91	_____
63	_____	92	_____
64	_____	93	_____
65	_____	94	_____
66	_____	95	_____
67	_____	96	_____
68	_____	97	_____
69	_____	98	_____
70	_____	99	_____
71	_____	100	_____
72	_____	101	_____
73	_____	102	_____
74	_____	103	_____
75	_____	104	_____
76	_____	105	_____
77	_____	106	_____
78	_____	107	_____
79	_____	108	_____
80	_____	109	_____
81	_____	110	_____
82	_____	111	_____
83	_____	112	_____
84	_____	113	_____
85	_____	114	_____
86	_____	115	_____
87	_____	116	_____