

Caller/Cuer Check In Sheet -

| Caller Name | I Plan To Call | Level |
|-------------|----------------------------------------------------------|-------|
| 1 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 2 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 3 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 5 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 6 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 7 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 8 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 9 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 10 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 11 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 12 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |

| Cuer Name | I Plan To Cue | Level |
|-----------|----------------------------------------------------------|-------|
| 1 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 2 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 3 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 5 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 6 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 7 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 8 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 9 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 10 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 11 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 12 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |

Caller/Cuer Check In Sheet -

| Caller Name | I Plan To Call | Level |
|-------------|----------------------------------------------------------|-------|
| 13 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 14 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 15 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 16 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 17 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 18 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 19 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 20 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 21 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 22 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 23 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 24 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |

| Cuer Name | I Plan To Cue | Level |
|-----------|----------------------------------------------------------|-------|
| 13 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 14 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 15 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 16 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 17 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 18 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 19 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 20 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 21 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 22 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 23 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| 24 | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |