



Student Travel Roster

Please type this document. Mark and sign accordingly.

Original Form
Amended Form

Organization/Club and Destination _____ **Date** _____

<u>Name</u>	<u>CU ID#</u>	<u>Emergency Contact Name</u>	<u>Emergency Contact Number</u>

T8
Rcv'd

A signature is required to verify all student participants have submitted a T8 Waiver.

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