



Florida Section
AIR & WASTE MANAGEMENT
A S S O C I A T I O N

Student Travel Roster (STR)

Event Name: _____

Travel Dates: _____

Destination: _____

School's Name: _____

Group Leader: _____

IMPORTANT NOTICE:

By signing below I affirm that if I do not travel and monetary support has been provided by FLA&WMA on my behalf, it will be my responsibility to repay the appropriate funds.

****Also, please be sure to attach your current course schedule to this STR form ****

	Student's Name	A&WMA ID Number	Signature of Student
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

I affirm that the above list of individuals' are students at the educational institution listed and are correct as indicated.

Group Travel Leader Signature

Date