

ST. OLAF COLLEGE AIRPORT SHUTTLE

Summer Music Camp 2008 Shuttle Reservation Request

The Service

St. Olaf College provides a shuttle service to and from the Minneapolis/St. Paul International Airport for campers. A St. Olaf staff member will meet you inside the airport. Detailed instructions about meeting location will be emailed about 2 weeks prior to camp start. This service is to/from the airport only. Shuttles times are listed below. Traveling time between the airport and St. Olaf College is about 45 minutes. Allow a minimum of 15 minutes to debark and collect luggage.

- Please register for this service as soon as you know your flight times.
- Changes to your shuttle selection may be made by calling 800-726-6523.
- No refunds for cancellations made after June 1.
- If the shuttle times below will not work with your flight times, contact one of the following providers.
CareTenders: 888-492-7433 (regularly scheduled shuttles), A & R Taxi: 507-664-9474 or Taxi Connection: 507-645-4447.
All of these services request advance reservations.

Shuttle Reservation

Airport to St. Olaf

Saturday*, June 14 4:30 p.m. 6 p.m.
 Sunday, June 15 10:30 a.m. 12 noon

St. Olaf to Airport (time is departure from St. Olaf campus)

Saturday, June 21 5:30 p.m.
 Sunday*, June 22 7 a.m.

Fees: Round Trip \$55 One Way \$35 Additional housing: \$30 for Saturday, June 14 and/or \$20 for Saturday, June 21

Please call if you would like more information, 800-726-6523.

*The additional housing fee is required if arriving a day before camp begins or leaving a day after camp ends.

Shuttle Fee _____ Additional Housing Fee _____ Total Fees: _____

Flight and Payment Information

Name: _____

Home Phone: _____

Cell Phone: _____

Instrument traveling with: _____

Email: _____

This will be the primary contact regarding airport pick-up information.

FLIGHT ARRIVAL

Arrival Day and Date: _____

Arrival Time: _____

Carrier and Flight Number: _____

Airport terminal (circle one): **Lindberg** or **Humphrey**

FLIGHT DEPARTURE

Departure Day and Date: _____

Departure Time: _____

Carrier and Flight Number: _____

Payment Information

Please mail or fax this information to Conference Services, address below.

Check Enclosed Check Amount: _____

Or: Charge amount _____

Visa MasterCard Discover

Card # _____

Expiration Date: _____

Authorized Signature _____