

SUMMER MUSIC CAMP 2010

AIRPORT SHUTTLE RESERVATION REQUEST

The Service

St. Olaf College provides a shuttle service to and from the Minneapolis/St. Paul International Airport (MSP) for campers. A staff member will meet you inside the airport. Detailed instructions about meeting location will be emailed about 2 weeks prior to camp. 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.
- ▶ Campers traveling as unaccompanied minors needing St. Olaf staff participation will incur additional fees.
- ▶ 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.
EcoTrans: 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

MSP airport to St. Olaf

Saturday, June 19: includes shuttle, extra night housing on campus, pizza dinner and continental breakfast **\$70**
 Select shuttle time: 4:30 p.m. 6 p.m.

Sunday, June 20: shuttle only **\$35**
 Select shuttle time: 10:30 a.m. 12 noon

St. Olaf to MSP airport (time is departure from St. Olaf campus)

Saturday, June 26: shuttle only **\$35**
 5:30 p.m.

Sunday, June 27: On campus housing Saturday night and shuttle only **\$55**
 7 a.m.

Total _____

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 _____