

ST. OLAF COLLEGE AIRPORT SHUTTLE

OleChess Camp 2009 / Shuttle Reservation Request

The Service

St. Olaf College provides a shuttle service to and from the Minneapolis/St. Paul International Airport for campers. A staff member will meet campers under the age of 18 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. Shuttle times are listed below. Traveling time between the airport and St. Olaf College is about 45 minutes. Allow a minimum of 15 minutes to disembark 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 July 1.
- ▶ If the shuttle times below will not work with your flight times, contact one of these alternate 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

Airport to St. Olaf

Sunday, July 19 2 p.m.

St. Olaf to Airport

Friday, July 24 3:30 p.m.

Fees: Round Trip \$60 or One Way \$35

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

Total Fees: _____

Shuttle departures from the airport might be adjusted to decrease wait times. This will depend on flight arrival times as indicated in the information you provide below. All who register for this service will receive detailed instructions two weeks prior to camp start.

Flight and Payment Information

Name: _____
 Home Phone: _____
 Cell Phone: _____
 Instrument traveling with: _____
 EMAIL: _____

This is 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 _____

Please keep a copy of this completed form for your records.