

# SUMMER THEATRE 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.
- ▶ Campers traveling as unaccompanied minors needing St. Olaf staff participation will incur additional fees.
- ▶ 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.  
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: \_\_\_\_\_

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 \_\_\_\_\_