## **Cecchetti Council**



## of America

## **Transportation Request Form 2014**

**Airport Shuttle Service** for arrival at Hope College, Holland, Michigan is available for

Sunday, July 6 and Sunday, July 13 only.

Departure Shuttle will be available on **Saturday**, **July 19**Roundtrip \$50

Name:	Home Phone:		
Cell Phone:	Email Address:		
Name(s) of Emergency Contact:	Emergency Contact Phone		
Please circle the category that best applies.			
Student Attendee Teacher Attende	ee Guest Faculty	Counselor or Pianist	
Date of Arrival	Airlines		
Departing City	Flight Number	Time	
Connecting City (if applicable)	Flight Number	Time	-
Chaperone Service Required? Yes No _ (Additional fee may apply)	Arrival Time at (GRR)	Grand Rapids International Airpor	t
Date of Departure	Airlines		
Departing Grand Rapids	Flight Number	Time	_
Connecting City (if applicable)	Flight Number	Time	_
Chaperone Service Required? Yes No _ (Additional fee may apply)			
Please return this completed form with your particle Print clearly. Mail to: Julie Merkle, CCA Sur Complete one airport form for each individual	nmer School, 45819 Winthrop,	Macomb, MI 48044	
For office use:			
Student Sttudent/Chanperone T	eacher Guest Faculty	Counselor Pianist	