



Transportation Request Form 2017

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

Sunday, July 9 and Sunday, July 16 only.

Departure Shuttle will be available on **Saturday, July 22**

One - way Transportation Fee \$40.00

Two – way Transportation Fee \$80.00

| | |
|---|---|
| Name: _____ | Home Phone: _____ |
| Attendee Cell Phone: _____ | Email Address: _____ |
| Name(s) of Emergency Contact: _____ | Emergency Contact Phone: _____ |
| Circle Categories which best apply. | |
| Student Attendee | Teacher Attendee |
| Guest Faculty | Counselor or Pianist |
| I do not require transportation | I require one-way transportation |
| I require round-trip transportation | Amount included \$ _____ |
| *A CCA representative will meet attendee after they exit the gate. | |
| Date of Arrival _____ | Airlines _____ |
| Departing City _____ | Flight Number _____ Time _____ |
| Connecting City (if applicable) _____ | Flight Number _____ Time _____ |
| | Arrival Time at Grand Rapids International Airport (GRR) _____ |
| Date of Departure _____ | Airlines _____ |
| Departing Grand Rapids _____ | Flight Number _____ Time _____ |
| Connecting City (if applicable) _____ | Flight Number _____ Time _____ |

Each participant **MUST** submit a copy of this completed form (even if no ground transportation is required). Please return this completed form with your payment and all other required paperwork for the CCA Summer School. Print clearly. Mail to: Julie Merkle, CCA Summer School, 45819 Winthrop, Macomb, MI 48044 Complete one airport form for each individual. Email any changes of flight itinerary to: msjennkrueger@outlook.com

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|--------------------|-------------------|---------|------------------------|-----------|---------|
| For office use: | | | | | |
| Student | Student/Chaperone | Teacher | Guest Faculty | Counselor | Pianist |
| Amount Paid: _____ | | | Type of Payment: _____ | | |