

Carleton College Reunion 2008  
**Airport Shuttle Reservation Form**

Name \_\_\_\_\_ Class \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Phone number(s) \_\_\_\_\_

**Flight Information**

**Arrive:** Airline \_\_\_\_\_  
Flight # \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_  
**Depart:** Airline \_\_\_\_\_  
Flight# \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_

**What time do you plan to use the shuttle?**

*From the Minneapolis/St. Paul Airport to Carleton*

**Thursday, June 19** ? 2:15 p.m. ? 5:00 p.m. ? 8:30 p.m.

**Friday, June 20** ? 11:30 a.m. ? 2:00 p.m. ? 5:00 p.m.

*From Carleton to the Minneapolis/St. Paul Airport*

**Sunday, June 22** ? 8:00 a.m. ? 10:30 a.m. ? 1:00 p.m.

**Airport Shuttle Fees**

**Round-trip service**

Total number of adults/teens needing round-trip service  
\_\_\_\_\_ @ \$40 per person = \$ \_\_\_\_\_

**One-way service** ? From airport ? To airport

Total number of adults/teens needing one-way service  
\_\_\_\_\_ @ \$25 per person = \$ \_\_\_\_\_

**Total shuttle costs** \$ \_\_\_\_\_

**Credit card number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please complete this form and return to the Alumni Affairs Office by fax (507-222-4445) or mail (One North College Street, Northfield, MN 55057). The registration deadline is **June 2**.