You are responsible for arranging transportation to and from the program. **Please indicate below how you will arrive on campus Saturday, July 21, 2018 and depart on Thursday, July 26, 2018.**

**Arrival** (Arrival date and time must be on Saturday, July 21st between 1 and 3 p.m.)

**How are you arriving?**

- [ ] Automobile (Driver's Name ____________________________________________________________)
- [ ] Plane
- [ ] Train
- [ ] Bus

We recommend that if you are flying, you fly into the Greater Rochester International Airport (ROC), not to the airport in Buffalo. Even though the flight to Buffalo may be cheaper, Buffalo is at least an hour away and ground transportation from there to Rochester actually makes the trip more expensive. From the Rochester airport, or from the bus or train station, we provide shuttle service. We will bring your camper to campus for a fee of $10 each way. The camper using the shuttle service is responsible for paying the fee. **If traveling by plane, train, or bus, we need a legible copy of the tickets/itinerary.**

**What time are you arriving?** __________

If by plane, which airline: __________

**Shuttle Service** - Cost is $10 per person, payable at time of pick up.

Please make shuttle reservations on my behalf for my arrival. [ ] Yes [ ] No

**Departure** (Departure date and time must be no later than 2:00 p.m. on Thursday, July 26th)

**How are you departing?**

- [ ] Automobile (Driver’s Name ____________________________________________________________)
- [ ] Plane
- [ ] Train
- [ ] Bus

**Students departing on Amtrak westbound (toward Chicago) please contact Health Care Careers Exploration Program before purchasing tickets.**

If traveling by plane, train or bus, we need a legible photocopy of tickets/itinerary.

**What time are you departing?** __________ If by plane, which airline: __________

**Shuttle Service** - Cost is $10 per person, payable at time of pick up.

Please make shuttle reservations on my behalf for my departure. [ ] Yes [ ] No

You can pay online at www.rit.edu/ntid/techgirlz/program-fee

**RIT assumes no liability associated with these transportation arrangements and participant or guardian agrees to release RIT from any resulting liability, claims or loss arising from use of the shuttle service.**

Student Name __________________________ Parent/Guardian Name ________________________________

Student Signature _______________________ Parent/Guardian Signature ___________________________