Transportation Plan

You are responsible for arranging transportation to and from the program. Please indicate below how you will arrive on campus Saturday, July 23, 2016 and depart on Thursday, July 28, 2016.

Arrival (Arrival date and time must be on Saturday, July 23rd 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 the ground transportation from there to Rochester actually makes the trip more expensive. From the Rochester airport, or from the bus or train station, our shuttle service, Apple Transportation, will bring you to campus for a $20 fee each way. The student using the shuttle service is responsible for paying the fee, which includes the tip.

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

What time are you arriving? ___________

If by plane, which airline: ____________ Flight Confirmation Code: ______________

Shuttle Service through Apple Transportation - Cost is $20 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 28th)

How are you departing?

☐ Automobile (Driver's Name ____________________________)
☐ Plane  ☐ Train  ☐ Bus

Students departing on Amtrak westbound (toward Chicago) please contact Health Care Careers Exploration Camp 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: ____________ Flight Confirmation Code: ______________

Shuttle Service through Apple Transportation - Cost is $20 per person, payable at time of pick up.

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

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 _________________________