***Niagara University
Thanksgiving Shuttle Service Request***

Niagara University offers a shuttle to the Buffalo-Niagara International airport and Buffalo Greyhound bus station. The cost of the shuttle is $15 for one way transportation and $30 for round trip. **Reservation requests must be submitted by Friday, November 22nd at 4:00pm to the Office of Student Affairs, room 111, in the Gallagher Center.** Reservations will be taken on a first come, first serve basis. Space may be limited and payment is due at the time of reservation. Students who find the shuttle service does not meet their transportation needs will be responsible for arranging their own transportation.

***Shuttle Reservation Instructions:***

1. Complete the *Niagara University Recess Shuttle Service Request.* Please allow one hour for travel time and remember you should arrive 90 minutes before your flight/bus scheduled departure.
2. Submit request with correct payment (cash, check or campus funds) to the Office of Student Affairs in LLGC.
3. Students scheduled for transportation from campus will meet in front of the Gallagher Center at time indicated on registration form.
4. Students scheduled for return transportation to campus will meet at the location that is mutually determined with the shuttle driver.

Name: ID#:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_

***Day and time requesting to leave from the Gallagher Center (circle time needed):***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tues. 11/26 | 6:00AM | 9:00AM | 12:00PM | 3:00PM | 6:00PM |
| Wed. 11/27 | 6:00AM | 9:00AM |  |  |  |

***Location of drop-off (circle one)****:*

Buffalo Airport Buffalo Greyhound Bus Station

***Departure Travel Arrangements:***

Travel Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(US Air, JetBlue, Greyhound, Amtrak, etc.)

Flight or Bus #: \_\_\_\_\_\_\_\_\_\_ Listed Departure Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***(OVER)***

***Time requested to have shuttle pick up from airport or bus station:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sun. 12/1 | 11:00AM | 2:00PM | 5:00PM | 8:00PM |

***Location of pick- up (circle one)****:*

Buffalo Airport Buffalo Greyhound Bus Station

***Return Travel Arrangements:***

Travel Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(US Air, JetBlue, Greyhound, Amtrak, etc.)

Flight or Bus #: \_\_\_\_\_\_\_\_\_\_ Listed Arrival Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Recess Shuttle Service NOTES:***

* Changes regarding departure travel need to be communicated to the Office of Student Affairs immediately at (716) 286-8405. If travel plans change and the new time does not fit within the shuttle schedule, or if travel plans change and Student Affairs is not contacted, the students will be responsible for their own transportation.
* If there is a change in return travel arrangements, students are responsible for contacting the shuttle service thru contacting Campus Safety at 716-286-8111.
* **Shuttle service is not guaranteed when travel arrangements are cancelled, missed, or changed.**
* **Shuttle service is also not guaranteed based on weather conditions, local travel advisories or other travel circumstances.**

***Agreement:***

By signing below, I agree to the terms outlined above for the Niagara University Recess Shuttle service.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please submit this completed form to the Office of Student Affairs by Friday, November 22nd at 4:00pm.

*The NU Recess Shuttle Service could be offered during Finals Week and pickup on January 12th, 2014.
Would you be interested in this service during this time?*

Depart 12/18 **YES  NO** Depart 12/19  **YES   NO**

Pick-Up 1/12/14  **YES NO**

*Would you be interested in a bus that dropped students off in Rochester, Syracuse, Binghamton, and NYC?*

Depart 12/19  **YES   NO**  Pick-Up 1/12/14  **YES   NO**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 ***Office Use Only: Submission Date: Payment: Cash Check C.Funds Staff Initials:***